

Name  
in  
Full

Edward Adams


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Balt.</i>		MARYLAND	
Date of death 190	3	Month	<i>Mar</i>	Day	9	Age	85
Sex		<i>Male</i>		Color or Race		<i>Black</i>	
Married, <del>Single</del> or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary	<i>Old age</i>	How long	<i>—</i>
Immediate	<i>Exhaustion, 154</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>William E. C. Natch</i> <i>Baltimore (Coroner)</i> <i>Dr. C. L. Mansfield M.D.</i>	
Accident or Suicide?			



Name  
in  
Full

Andrew Barnes

## CERTIFICATE OF DEATH

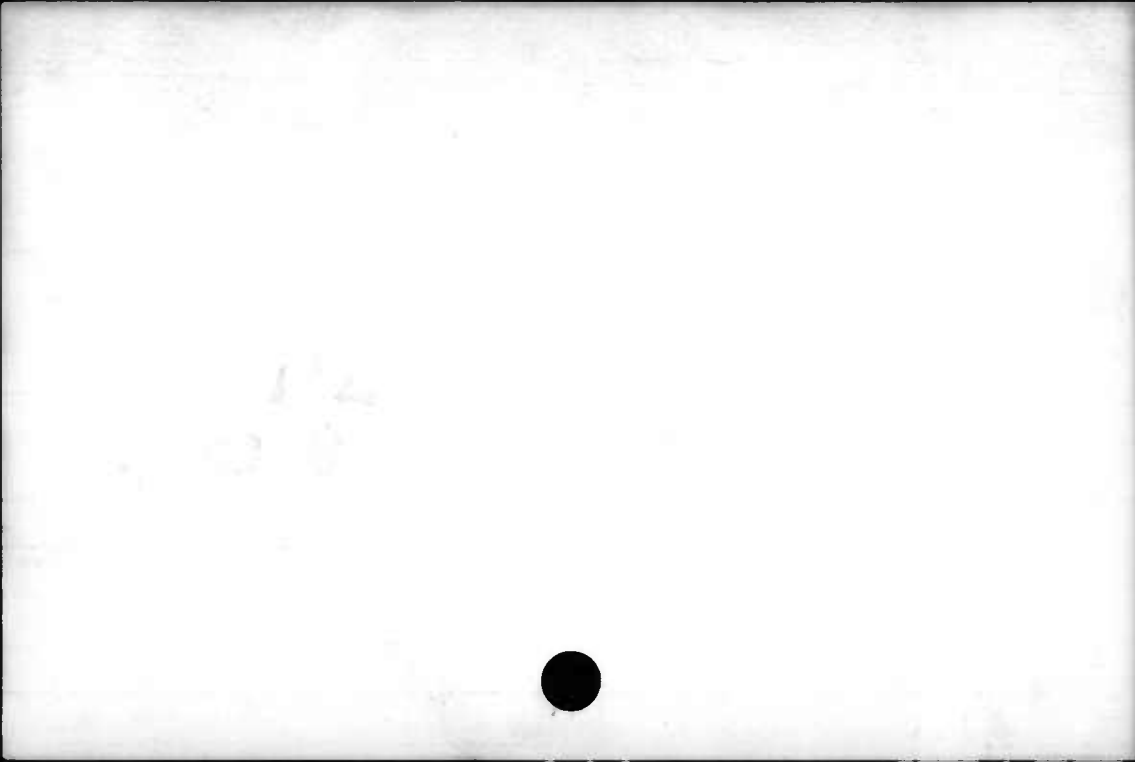
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Totinvill</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>29</i>	Age —	Months —	Days —
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth- place <i>Ind</i>		
Married, Single or Widowed —			Occupation <i>Labourer</i>		
Name of Wife or Husband —					
Father's Name —			Father's Birthplace —		
Mother's Maiden Name —			Mother's Birthplace —		
Name of person giving In formation <i>176</i>			How related to deceased —		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Murdered</i>	How long
Immediate	<i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William J. Coghlan</i> <i>acting coroner</i>
		Address <i>Pikesville - Md.</i>
Accident or Suicide?		



*Ezekiah St. Bean*

Town

County

MARYLAND

Died at *Pikesville* *Baltimore*

Date 1903 *3-18* Month Day Y. M. D. Age *83.* Native of *md* Occupation *Physician*

Male ☐ White ☐ Married ☐ Widowed ☐ Divorced ☐ *Widow*

~~Female~~ ☐ ~~Colored~~ ☐ ~~Single~~ ☐ Widower ☐ Number of children living *1*

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Cause of Primary *Senile Debility* *154* How long sick *1 week*

Death Immediate *Licorhous Exhaustion* Accident, Suicide, Homicide ☐

Reported by *H. P. E. Wye*

Address *Pikesville* *72nd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Eliza E. Bell,				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Dickeyville		Baths		MARYLAND		
	Date of death 190	3	Month 3	Day 6	Age 84	Years 1	Months 26	
	Sex	Female		Color or Race	White		Birth-place	Maryland
	Married, Single or Widowed	Widow		Occupation				None
	Name of <del>the</del> or Husband	Joshua Bell						
	Father's Name	Not known				Father's Birthplace	Not known	
	Mother's Maiden Name	Not known				Mother's Birthplace	Not known	
Name of person giving information	Mrs Edward Ritter					How related to deceased	Daughter	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Heart failure as she was as					How long	None
	Immediate	well as usual & fell over dead					How long	None
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr George J. Evershart			
			Address		Dickeyville, Baths Co Md			
Accident or Suicide?								

August C Luzz  
J.P.

Satisfactory



Name  
in  
Full

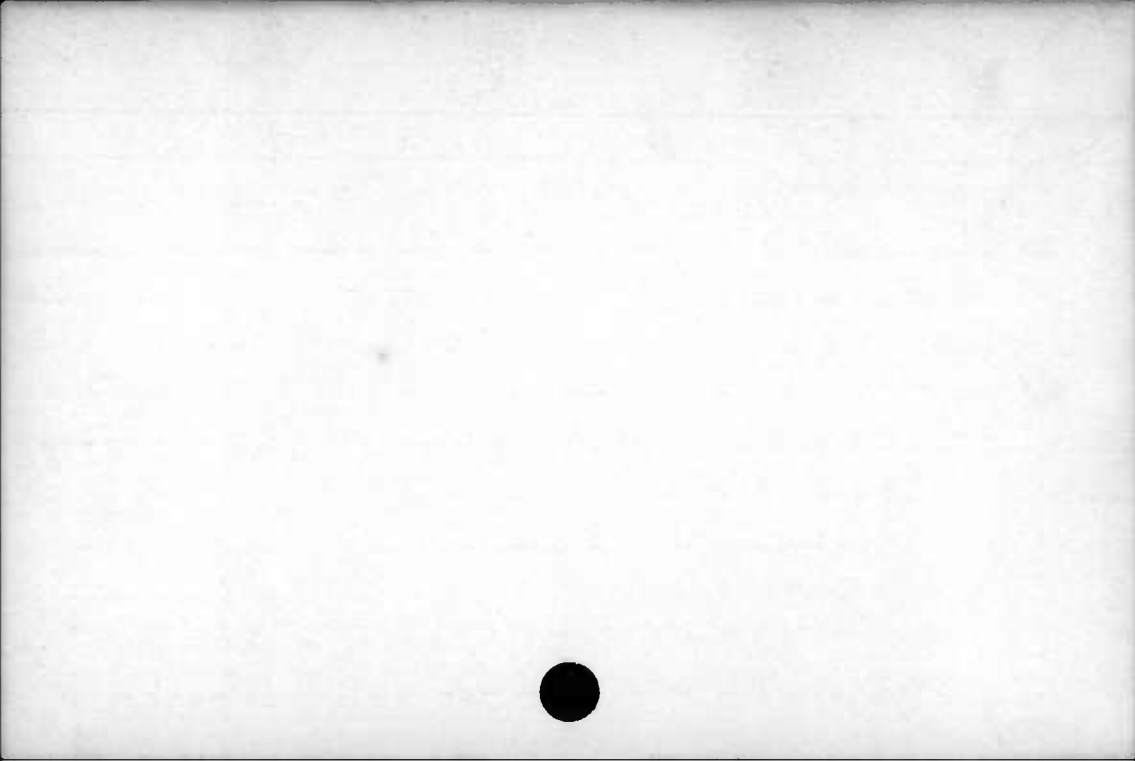
August Berkemin

## CERTIFICATE OF DEATH

Died at		Town Pikesville		County Baltimore		MARYLAND	
Date of death 1903	Month 3	Day 29	Age	Years 63	Months		Days
Sex Male		Color or Race White		Birth- place Germany			
<del>Married State</del> Widowed		Occupation Stevorders					
Name of Wife or Husband							
Father's Name				Father's Birthplace Germany			
Mother's Maiden Name				Mother's Birthplace Germany			
Name of person giving Information				How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Central Hemorrhage	How long	18 Days
	Immediate	Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Louis Taylor	
		Address		Pikesville Md
Accident or Suicide?				



Name in Full

Certificate of Death

James Blake

Town

County

Died at

Sparrows Point

Baltimore

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1903 Mar. 24th

Age 64.8 -

Md

Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

# 3

Husband

of

Martha Blake

Father's

Name

James Blake Sr.

Mother's

Name

Cause of

Primary

Pneumonia

93

Death

Immediate

Exhaustion

How long sick

10 days

~~Accident, Suicide, Homicide~~

Reported by

G. C. Mc Cormick Md

Address

Sparrows Point.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name  
in  
Full

## CERTIFICATE OF DEATH

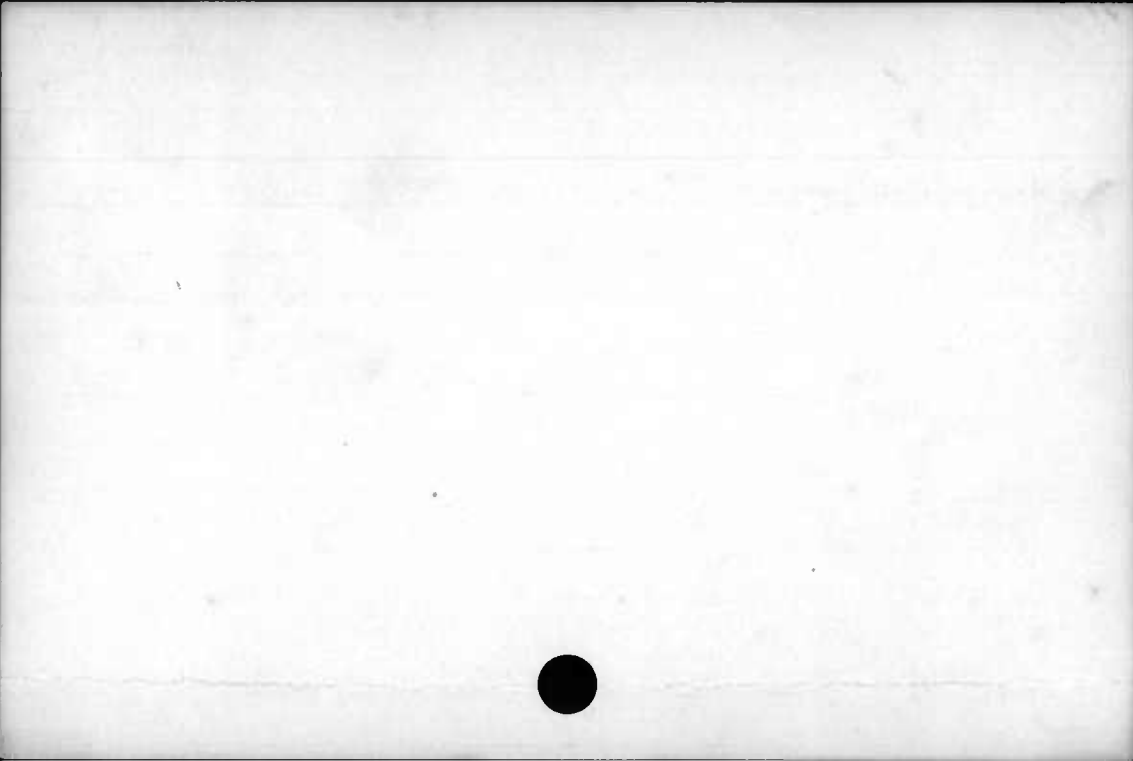
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Samuel S. Boyer				County		Baltimore		MARYLAND	
Died at		Stilltown P.O. Pa.		County		Baltimore		MARYLAND			
Date of death 190 3		Month March		Day 3 <sup>d</sup>		Age 23		Years 23		Months —	
Sex Male		Color or Race White		Birth- place Maryland.							
Married, Single or Widowed Single		Occupation Laborer									
Name of Wife or Husband None											
Father's Name Samuel K. Boyer		Father's Birthplace Penna.									
Mother's Maiden Name Emma P. Shaffer		Mother's Birthplace Penna.									
Name of person giving Information Emma P. Shaffer Boyer		How related to deceased Mother.									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia (Lobar)		How long 11 days.	
Immediate Heart failure		How long 93	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Jas. L. Yagle	
		Address New Freedom, Pa.	
Accident or Suicide? —			



Name in Full

Isabella J. Briel

Town

County

Highland Balto

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3 21

Age

70

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Lat

Cause of

Primary

Hemiplegia

Death

Immediate

Exhaustion

How long sick

13 days

Accident, Suicide, Homicide

Reported by

A. J. Warner

Address

1120 High Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

*Samuel E Brown*  
 Town County

Died at *Warren* *Baltimore* MARYLAND

Date 19 *13* Month *3* Day *2* Age *5* M. D. Native of *Md.* Occupation  
 Male White Married ~~Widow~~ Divorced  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband  
 of  
 Wife

Father's Name *Jos L Brown* Mother's Maiden Name *Lanna Bennett*

Cause of Death { Primary *Pneumonia* *Q3* How long sick *5 hrs -*  
 Immediate *Asphyxia* Accident, Suicide, Homicide

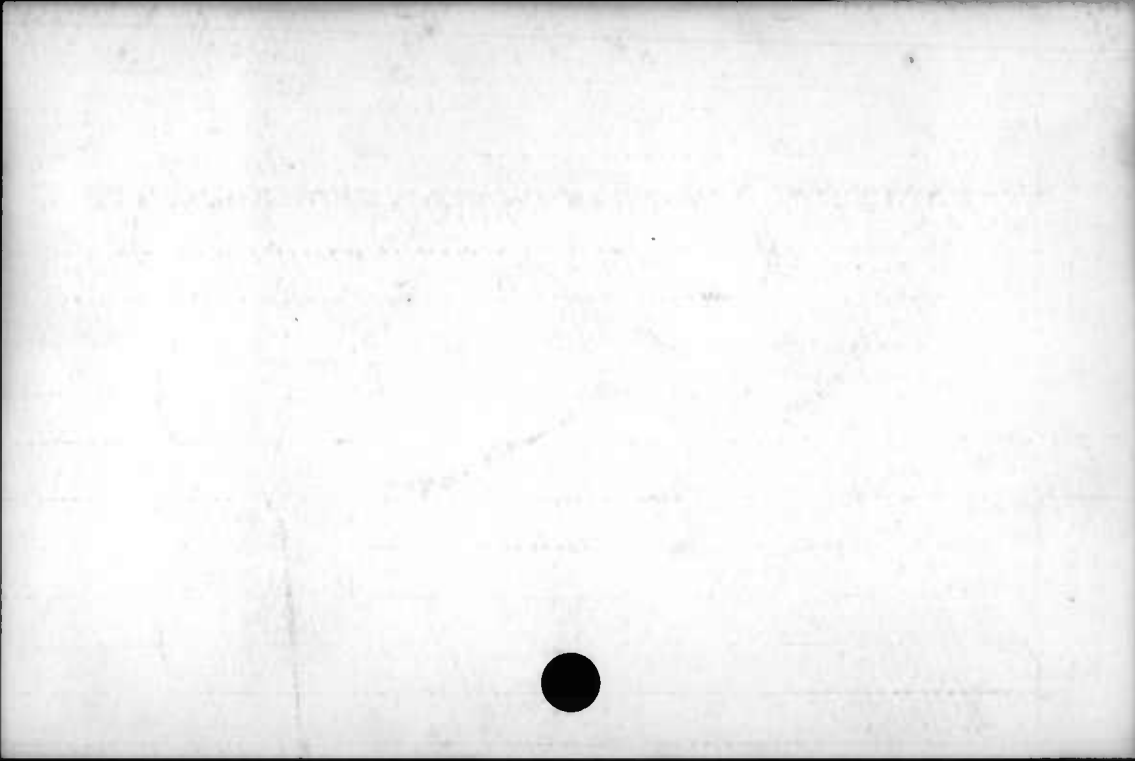
Reported by *Wilmer C Eason M.D.*

Address *Cockeysville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To be buried at  
Poplar on Sunday  
Feb

Name in Full		Catherine Burke.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Loch Raven</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
		Date of death 1903. <i>March</i> <sup>Month</sup> <i>14<sup>th</sup></i> <sup>Day</sup>		Age <i>60</i> <sup>Years</sup>		<i>11</i> <sup>Months</sup> <i>—</i> <sup>Days</sup>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
		Married, Single or Widowed <i>Widow</i>		Occupation			
		Name of <del>Wife</del> <sup>Husband</sup> <i>Peter Burke</i>					
		Father's Name <i>James Castello</i>		Father's Birthplace <i>Ireland</i>			
		Mother's Maiden Name		Mother's Birthplace <i>Ireland</i>			
		Name of person giving information <i>Catherine Parks</i>		How related to deceased <i>Daughter</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Bright's Heart &amp; Kidney Disease</i>		How long <i>over a year</i>			
		Immediate <i>Dropsy</i>		How long <i>4 or 5 months</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. Harrison</i>			
		<i>as I am informed</i>		Address <i>Loch Raven</i>			
		Accident or Suicide?					



Harriet E. Bush

Town

County

Died at Sh. Denis,

Baltimore

MARYLAND

Date 1903 March 4<sup>th</sup>

Month Day

Y. M. D.

Native of

Occupation

Age 84

Maryland housewife

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

debility - from age

How long sick

disabled for 6 months

Death Immediate

the same

Accident, Suicide, Homicide

Reported by

Arthur Williams M.D.

Address

8 Elk Ridge Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

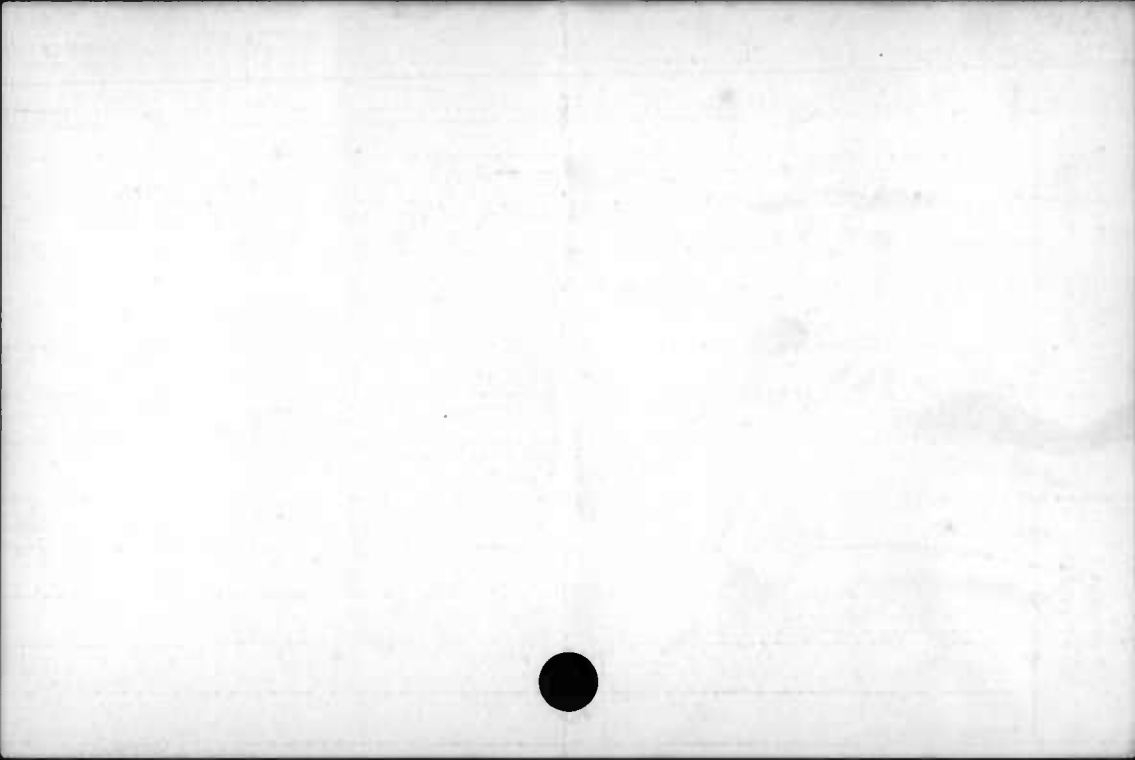
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Walkers Switch</i> <sup>Town</sup>		<i>Balt</i> <sup>County</sup>		MARYLAND	
Date of death 1908	Month <i>3</i>	Day <i>20</i>	Age <i>Still born</i> <sup>Years</sup>	Months —	Days —
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Balt to Md</i>		
Married, Single or Widowed —			Occupation —		
Name of Wife or Husband —					
Father's Name <i>Frank Cameron</i>			Father's Birthplace <i>Balt to Md</i>		
Mother's Maiden Name <i>Mollie Royston</i>			Mother's Birthplace <i>Md</i>		
Name of person giving in formation <i>R R Morris M.D.</i>			How related to deceased —		

## CAUSES OF DEATH

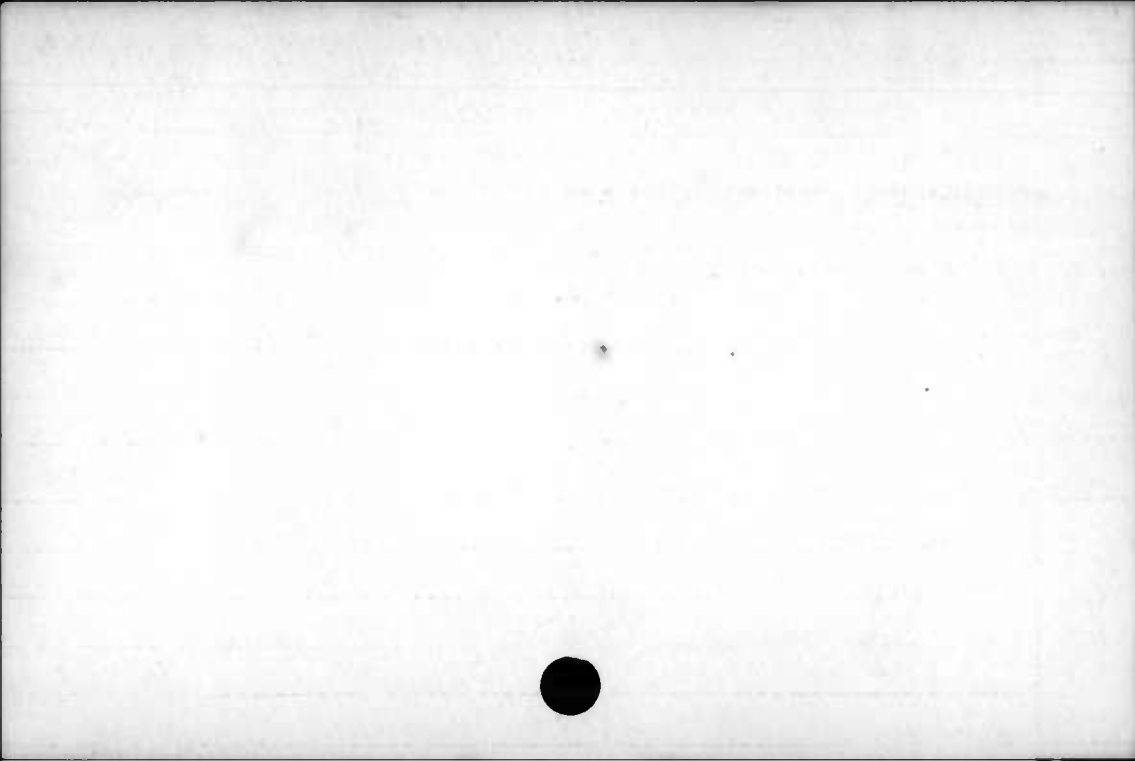
PHYSICIAN  
OR CORONER

Primary <i>still born</i>	How long —
Immediate — — —	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R R Morris</i>
	Address <i>Parkton</i>
Accident or Suicide? <i>2</i>	<i>Md</i>





Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Catonville</i> <small>Town</small>		<i>Ballo</i> <small>County</small>		
		Date of death 190 <i>3</i>		Month <i>March</i>	Day <i>10<sup>th</sup></i>	Years <i>33</i>
		Sex <i>male</i>		Color or Race <i>white</i>	Birth-place <i>New Jersey</i>	
		Married, Single or Widowed <i>married</i>		Occupation <i>Architect</i>		
		Name of Wife or Husband <i>Mary M. Campbell</i>				
		Father's Name		Father's Birthplace		
		Mother's Maiden Name		Mother's Birthplace		
		Name of person giving information		How related to deceased		
CAUSES OF DEATH						
PHYSICIAN OR CORONER <i>[Signature]</i>		Primary <i>Neurosthenia</i>		How long <i>4 months</i>		
		Immediate <i>neuronic exhaustion</i>		How long <i>about one month</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Rushmer White M.D.</i>		
				Address <i>Richard Gundry Home</i>		
		Accident or Suicide?		<i>Catonville md</i>		



Name  
in  
Full

Stephen Carroll

CERTIFICATE OF DEATH

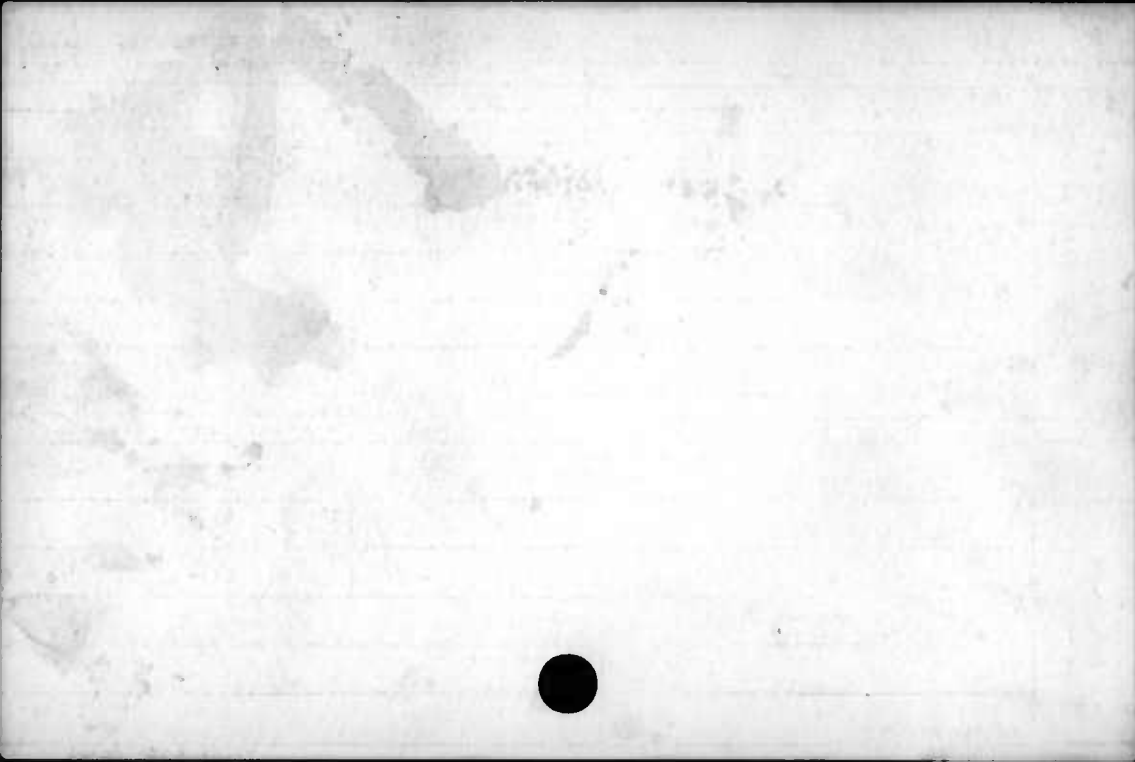
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bethesda</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>3</u>	Day <u>30</u>	Age _____	Months _____	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth- place <u>Balto</u>		
Married, Single or Widowed _____			Occupation <u>Infant</u>		
Name of Wife or Husband _____					
Father's Name <u>William Carroll</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Martina Hildemond</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving In formation <u>Father Wm Carroll</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Physician  
OR CORONER

Primary	How long _____
Immediate <u>Still Born</u>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Coroner August W Miller</u>
<u>yes</u>	Address <u>Mr William Bolto Ind</u>
Accident or Suicide? _____	



Name in Full

Certificate of Death

*Jennie Eugenia Carroll*

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3

3

Age 84

U. S

Housework

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*Dropsy**99*

How long sick

*1 year*

Death

Immediate

*Dilatation Heart*

Accident, Suicide, Homicide

Reported by

*Morris Chanks M. D.*

Address

*Mt Washington**Balt Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

A S Marshall  
3539 Falls Road,  
Mar 4 - 0 B  
Texas Ind

Name  
in  
Full

Katie Cedar

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Mar.</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>23</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md</i>		
Married, <del>Single</del> or <del>Widowed</del>			Occupation <i>Housekeeper</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace <i>U. S.</i>		
Mother's Maiden Name <i>Katie Wellslagu</i>			Mother's Birthplace <i>U. S.</i>		
Name of person giving information <i>Cedar</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long
Immediate <i>Meningitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Delcher M.D.</i>
	Address <i>1400 Patterson St. An</i>
Accident or Suicide?	

Mr. Barron Coen

Harlan Iowa

Mar 8 1903



Name in Full

Certificate of Death

Sarah A Christner

Town

County

Died at *Seftonsville Balto*

MARYLAND

Date 1903 3 20 | Month 3 | Day 20 | Y. 67 | M. 5 | D. 25 | Native of Ind | Occupation Housewife  
~~Mrs~~ White | Married | ~~Widow~~ | Divorced |  
 Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living one

Husband of Wm. ChristnerWife's Name Charles Chesney

Mother's

Maiden Name

Sarah A Chesney

Cause of Death { Primary Pneumonia  
 Immediate exhaustion

How long sick

2 weeks~~Accident, Suicide, Homicide~~Reported by Z B BallAddress 121 W. Wm. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79692



Name  
in  
Full

Mrs. Sophia Clagette.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Randalltown

Town

County

Baltimore

Date

of death 1903

Month

Mch

Day

21<sup>st</sup>

Years

Age 31

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore

Married, Single  
or Widowed

Married

Occupation

House work

Name of Wife or  
Husband

Geo Clagette

Father's  
Name

John Walter

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Sophia Walter

Mother's  
Birthplace

Germany

Name of person giving  
information

Mrs Adam Clagette

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Child birth

How long

130

Immediate

Puerperal Eclampsia

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

A. C. Smith

Address

Lawhaton  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

J



Name  
in  
Full

Elvin M. Clark

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Whitehall<sup>County</sup> Baltimore

MARYLAND

Date  
of death 1903Month  
3Day  
5Age  
Years 11Months  
4Days  
2

Sex male

Color or  
Race

White

Birth-  
place

Whitehall md

~~Married~~ Single  
~~or Widowed~~

Occupation

Name of Wife or  
HusbandFather's  
Name

Henry Clark

Father's  
Birthplace

Pennsylvania

Mother's  
Maiden Name

Elizabeth L. Wilson

Mother's  
Birthplace

Rayville md

Name of person giving  
Information

Henry Clark

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Acute Bronchitis

90

How long

Three weeks.

Immediate

Asphyxiation

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

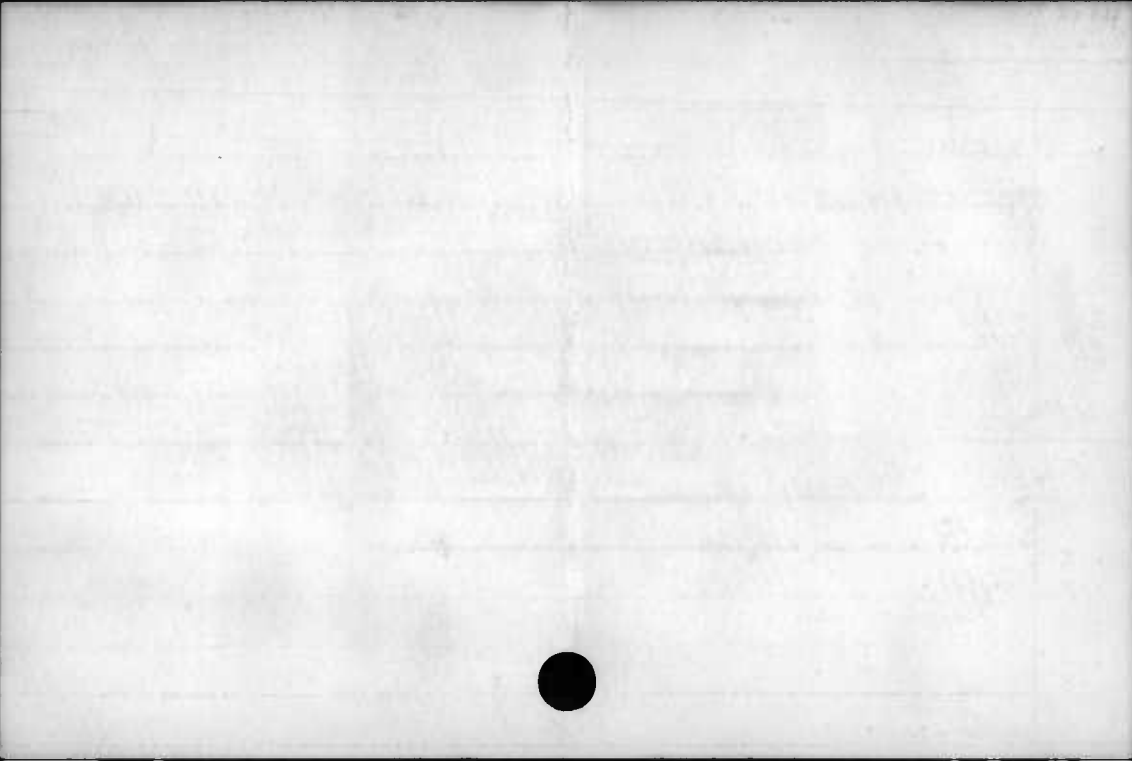
E. W. Hendon, M.D.  
Baltimore

Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

D



Name in Full

Certificate of Death

Vengenco Coccia

Died at <sup>near</sup> Alborton <sup>Town</sup>Baltimore <sup>County</sup>

MARYLAND

Date 1903 <sup>Month</sup> March <sup>Day</sup> 16 <sup>Y.</sup> 67 <sup>M.</sup>  <sup>D.</sup>  <sup>Native of</sup> Italy <sup>Occupation</sup> Laborer

☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☒ Widower ☐ Divorced ☐ Number of children living 2

Husband  
of

Wife

Father's

Mother's

Name

Name

Cause of ☒ Primary Organic Heart Disease

How long sick

Death ☒ Immediate Cardiac ParalysisAccident, ~~Suicide~~, ~~Homicide~~Reported by Dr. Wm. B. Gambrell,Address AlbortonHoward Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55869

St Johns -



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Whitehall</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>7</i>	Age <i>15</i>	Months <i>—</i>	Days <i>7</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Whitehall md</i>		
Married, Single or <del>Widowed</del>			Occupation <i>School girl</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm H. Collett</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Kate E. Burns</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Kate C Collett</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>	How long <i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas C. Baldwin</i>
	Address <i>Germine</i>
Accident or Suicide? <i>—</i>	<i>md</i>



Name  
in  
Full

Margosuite Collver

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> Town			<i>Baltimore</i> County			MARYLAND		
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>14</i>	Age <i>2</i>	Years	Months <i>0</i>	Days		
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i> Md</i>					
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>					
Name of Wife or Husband <i>_____</i>								
Father's Name <i>Charles E. Collver</i>				Father's Birthplace <i> Md</i>				
Mother's Maiden Name <i>Emma Marshall</i>				Mother's Birthplace <i> Md</i>				
Name of person giving In formation <i>Charles E. Collver</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Indigestion</i>	How long <i>13 months</i>
Immediate <i>Exhaustion</i>	How long <i>104</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Schyfer</i>
	Address <i>_____</i>
Accident or Suicide?	

Schwarze Cemetery

March 7<sup>th</sup> 1903

Germanus Franke

Underwater

Name  
in  
Full

Aguilla Cunningham.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Phila Town Road Ball County

MARYLAND

Date of death 1903 3. 9. Age 70. Months Days

Sex Male Color or Race White Birth-place Md.

Married, Single or Widowed Single Occupation Retired.

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Chas. E. Cunningham

How related to deceased Nephew

## CAUSES OF DEATH

Primary Pneumonia 9m

How long 3 days.

Immediate Heart failure

How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

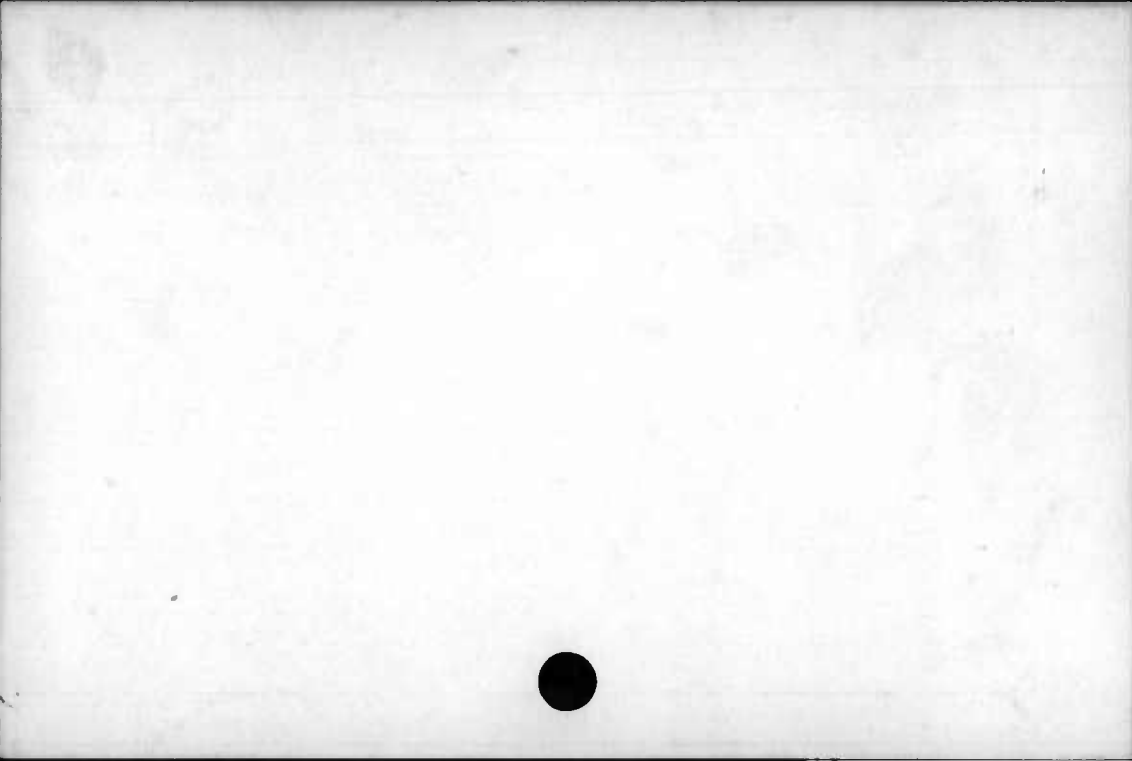
Address

J. Schopf m  
1400 First St.

Accident or Suicide?



Name in Full <b>Fred. Dickman</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Shall road</b> <sup>Town</sup>		<b>Balto co</b> <sup>County</sup>		<b>MARYLAND</b>
	Date of death 190 <b>3</b> <sup>Month</sup> <b>March</b> <sup>Day</sup> <b>5</b>	Age <b>5</b> <sup>Years</sup>	Months	Days <b>5</b>	
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Balto co</b>		
	Married, Single or Widowed <b>—</b>	Occupation <b>Farmer</b>			
	Name of Wife or Husband <b>—</b>				
	Father's Name <b>Fred. Dickman</b>		Father's Birthplace <b>Germany</b>		
	Mother's Maiden Name <b>Minna Dickman</b>		Mother's Birthplace <b>Germany</b>		
Name of person giving information <b>Wm Paterson</b>		How related to deceased <b>Son</b>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <b>Starvation</b>		How long <b>2 hours</b>		
	Immediate <b>Fever</b>		How long <b>—</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Caroline Bate</b>		
	<b>315 E</b>		Address <b>Lombard st Balto co Md</b>		
Accident or Suicide?		<b>Indwifer</b>			





Name  
in  
Full

## CERTIFICATE OF DEATH

George Dorbert

✓

Died at <sup>Town</sup> Philadelphia Pa

County Baltimore

MARYLAND

Date of death 1903 March 3<sup>rd</sup>

Age 60 Years

Months 8

Days 21

Sex Male

Color or Race White

Birth-place Germany

Married, Single or Widowed Widower

Occupation Shoemaker

Name of Wife or Husband

Father's Name George Dorbert

Father's Birthplace Germany

Mother's Maiden Name Not Known

Mother's Birthplace Do

Name of person giving information Louis R. Gutsler

How related to deceased Son-in-law

## CAUSES OF DEATH

Primary Bright's Disease

How long Six months

Immediate No

How long Two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. H. G. Reece M.D.

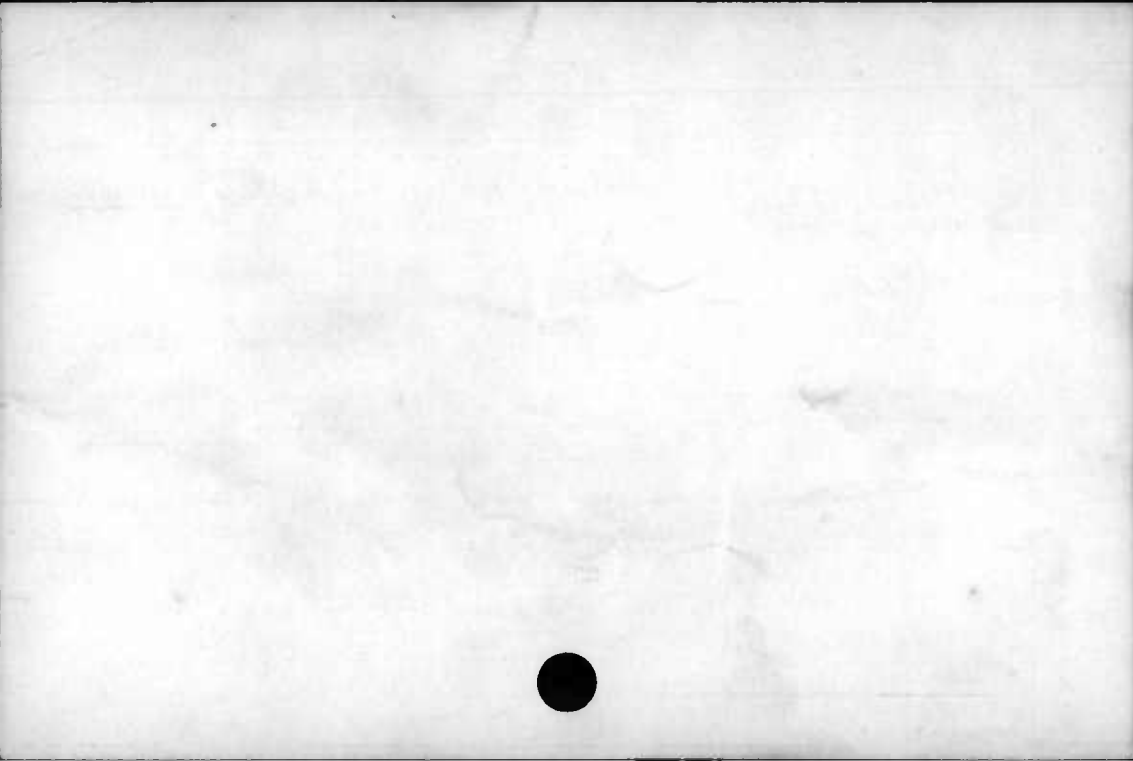
Address

2037 E. Preston St.  
Baltimore Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name In Full

Certificate of Death

Mrs Anna Downe

Town

County

Died at

MARYLAND

Died at	Bentleys	Ralt	Y.	M.	D.	Native of	Occupation
1903	Month 3	Day 18	Age 55	7		Ind	Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living	4	

Husband of	John Keller, Downe	79
Wife		
Father's Name	Richard Gosnell	Mother's Name Prudence Gosnell

Cause of	Primary Heart Disease & Dropsy	How long sick 2 or 3 years
Death	Immediate Paralysis of Brain	Accident, Suicide, Homicide

Reported by

R. K. Morris

Address

Parkton Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Harmon Drayner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town white marsh		County Bucks		MARYLAND	
Date of death 1903	Month March	Day 18	Age 90	Years	Months 9	Days 11	
Sex Male		Color or Race White		Birth-place Stocland			
Married, Single or Widowed			widower		Occupation —		
Name of Wife or Husband							—
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving In formation					Harmon Drayner		
					How related to deceased		
					Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fracture neck of femur	How long	—
Immediate	Atherosclerosis	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John W. Harmon M.D.	
Address		2nd St. Richmond	
Accident or Suicide?		No	



Henry C. Drieling.

Town

County

Died at

Highlandtown Baltimore

MARYLAND

Date <sup>1903</sup> 1893      Month 3      Day 22      Y.      M. 8      D. 14      Native of Balto      Occupation None

Male      White      Married      Widowed      Divorced

~~Female~~      Colored      Single      Widower      ~~Number of children living~~

Husband  
of  
Wife

Father's  
Name

Mother's  
Name

Cause of

Primary

Pneumonia

93

How long sick

2 Weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

W. H. Schwatka

Address

2429. Hart Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

1st German Cem

of

Mar 24th 1903

Seen by Coroner

J. P. Nicolans & son

of

1820 Canton Ave

Information contained in this certificate received

from

of



Geo. W. Ebersole

Town

County

Died at

Specimen Point

Balto.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

March 5th

Age 42 - -

Red

Track Layer

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living 3

Husband of

Ella H. Joy

Father's

Mother's

Name

Maiden Name

Jose Ebersole

Margaret Jones

Cause of

Primary

Inflammation of Larynx

How long sick

One year

Death

Immediate

Inflammation

~~Accident, Suicide, Homicide~~

Reported by

Frank C. Ueland, M.D.

Address

Specimen Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. S. Mares Hall  
3539 Falls Road

---

Free Land Sta  
Mar. 2-03 End

Name  
in  
Full

George Ensor of L.

CERTIFICATE OF DEATH

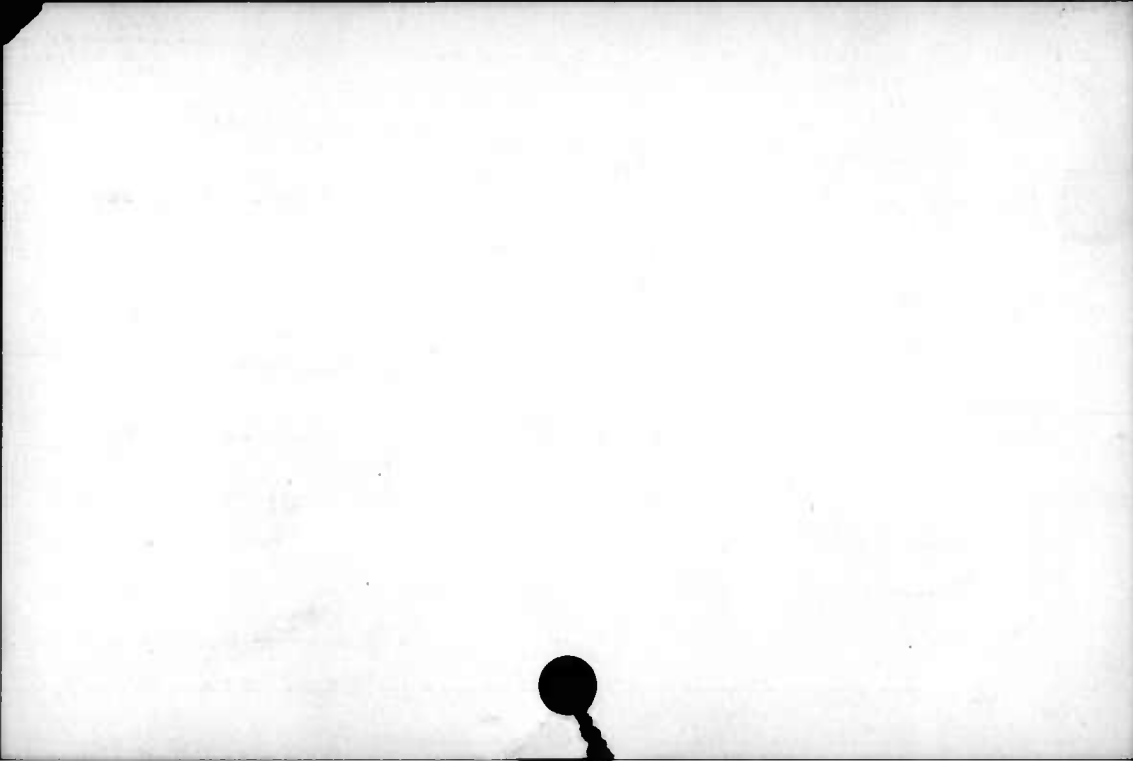
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Reisterstown		County Balto		MARYLAND	
Date of death 1903		Month Mar.	Day 1st	Age	Years 76	Months 1	Days 28
Sex male		Color or Race White		Birth- place Belfast, Balto Co.			
Married, Single or Widowed Widowed		Occupation Miller					
Name of Wife or Husband Deceased							
Father's Name Luke B. Ensor		Father's Birthplace Belfast, Balto Co.					
Mother's Maiden Name Hanni Ensor		Mother's Birthplace Butler					
Name of person giving information F. D. Ensor		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral hemorrhage	How long	one week
Immediate	Paralysis	How long	48 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James Gore M.D.	
		Address Reisterstown Md.	
Accident or Suicide?			



John H. Enson

Died at <sup>Town</sup> Belfast <sup>County</sup> Balto.

MARYLAND

Date 1903 3 25 Age 81 Y. M. D. Native of Ind. Occupation farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ Single Widower Number of children living 6

Husband of Elizabeth Enson

Father's Name Luke Enson Mother's Name Sarah Hunter

Maiden Name

Cause of Death { Primary Chronic Endocarditis (Valvular) How long sick 3 yrs.

Immediate Hypostatic pneumonia. Accident, Suicide, Homicide

Reported by William C. Enson M.D. (Uncle)

Address 9 Corbysville Ind. 19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To be turned on  
Black Rock

Bell's and

by me tomorrow

March 27, 1903

A. W. Ewer

Name *Louise Carrie Edmann*

CERTIFICATE OF DEATH

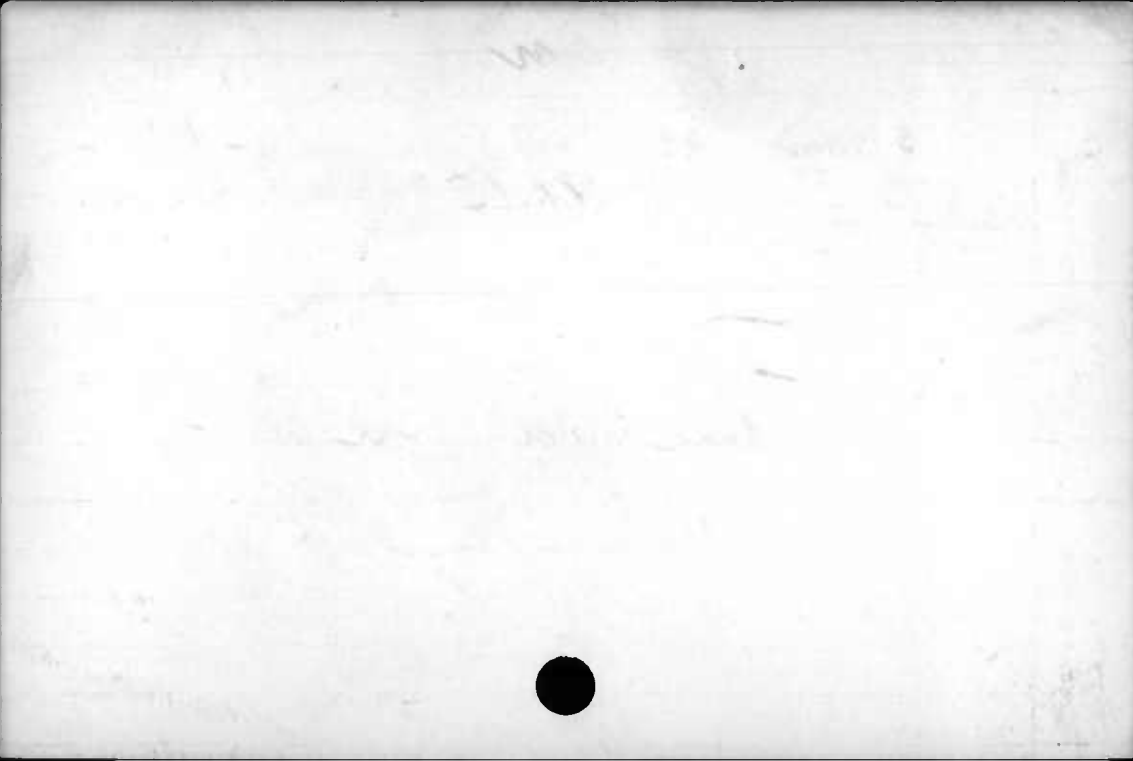
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> <sup>Town</sup>		<i>Balt</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i> <sup>Month</sup>	<i>Mar</i>	<i>23</i> <sup>Day</sup>	Age <i>61</i> <sup>Years</sup>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband <i>John Edmann</i>					
Father's Name <i>-</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Caroline Edmann</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma</i>	How long <i>Six months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Hatcher</i>
	Address <i>Catonsville</i>
Accident or Suicide?	





Name  
in  
Full

Minnie Ernest.

## CERTIFICATE OF DEATH

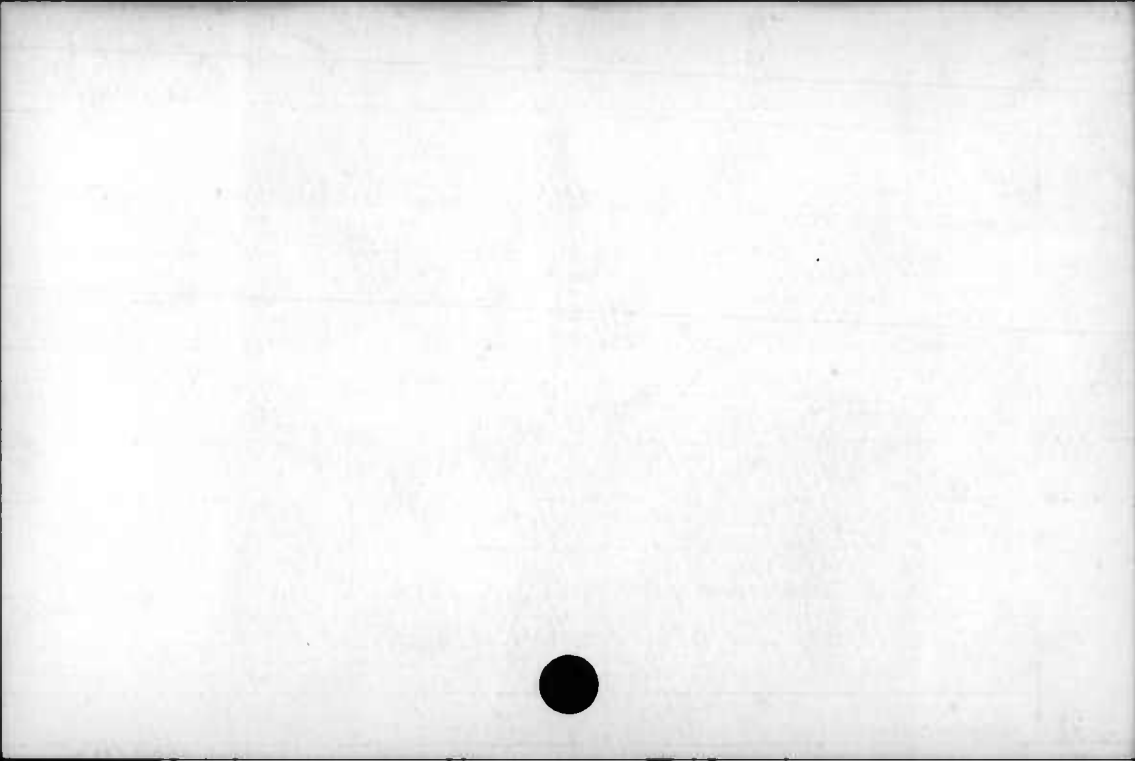
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Leahurst</u>		County <u>Pratt</u>		MARYLAND	
Date of death 190	3	Month	March	Day	10	Age	Years 20
Sex	Female		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed	Single			Occupation	None		
Name of Wife or Husband <u>X</u>							
Father's Name <u>X</u>						Father's Birthplace <u>X</u>	
Mother's Maiden Name <u>Theresa Ernest Mareis</u>						Mother's Birthplace <u>X</u>	
Name of person giving information <u>A</u>						How related to deceased <u>A</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Recurrent Mania</u>	How long	<u>3 years</u>
Immediate	<u>Asphyxia Suffocation</u>	How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		yes. <u>yes.</u>	
Signature of Physician		<u>Coroner William E. Nash</u>	
Address		<u>Leahurst</u>	
Accident or Suicide?		<u>yes</u>	



Name  
in  
Full

Infant - Not - Named - No. (37)

## CERTIFICATE OF DEATH

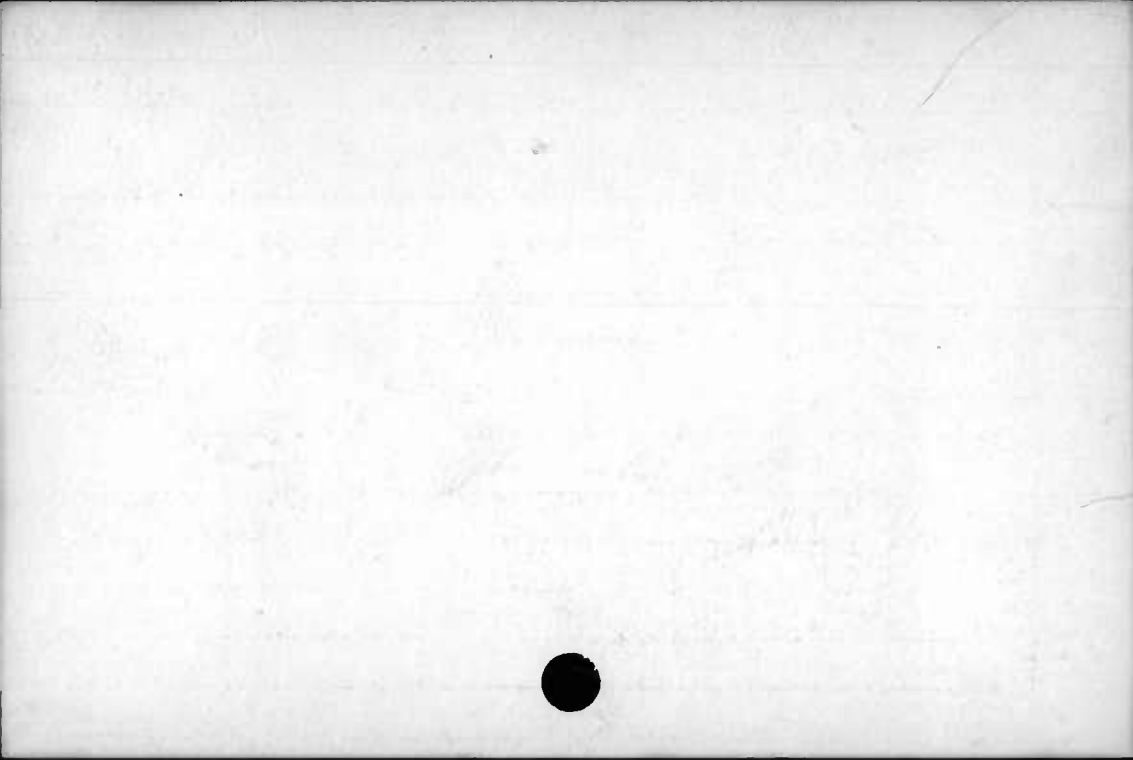
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Upper Falls Ind-</i>		<sup>County</sup> <i>Balto</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>10</i>	Age <i>✓</i>	Months <i>✓</i>	Days <i>28</i>
Sex <i>Female -</i>	Color or Race <i>white</i>		Birth-place <i>Balto Co Ind-</i>		
Married, Single <i>✓</i> or Widowed			Occupation <i>✓</i>		
Name of Wife or Husband <i>✓</i>					
Father's Name <i>Sos. M. Ferguson</i>			Father's Birthplace <i>Cecil Co. Ind-</i>		
Mother's Maiden Name <i>Douf - Brown</i>			Mother's Birthplace <i>Douf - Brown</i>		
Name of person giving information <i>Sos. M. Ferguson</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>one week</i>
Immediate <i>exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Evid. W. Altwater</i>
	Address <i>Upper Falls Ind-</i>
Accident or Suicide? <i>Duplicate</i>	



Name in Full

Certificate of Death

John Flynn

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 12

Age

58

-

-

Ireland

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Mary Mc Dermott

~~Wife~~

Father's

Name

James Flynn

Mother's

Maiden Name

Margaret Rogers

Cause of

Primary

Pneumonia

How long sick

5 days

Death

Immediate

Embarras

~~Accident, Suicide, Homicide~~

Reported by

C. N. Atkey

Address

2 Hudson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76003

St. Patrick's Cemetery

March 16<sup>th</sup> 1903

Germanus France

Under taken

Name  
in  
Full

## CERTIFICATE OF DEATH

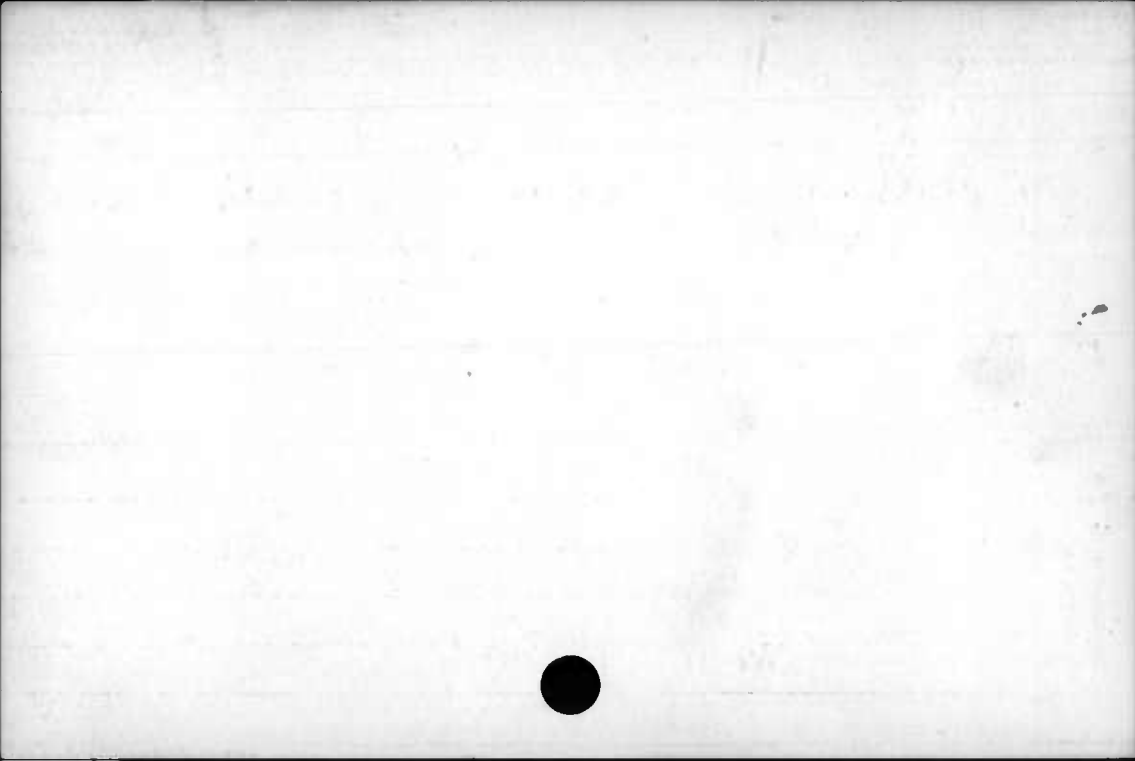
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Agustus Francis</i>		Town <i>Baynesville</i>		County <i>Bolton</i>		MARYLAND	
Died at		Date of death 1903		Month <i>March</i>		Day <i>7</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Age <i>24</i>		Years <i>24</i>	
Married, Single or Widowed <i>widowed</i>		Occupation <i>Farmer</i>		Birth-place <i>Bolton Co.</i>		Months <i>—</i>	
Name of Wife or Husband <i>—</i>		Father's Name <i>—</i>		Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		Name of person giving information <i>Harry Francis</i>		How related to deceased <i>Son</i>		Days <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>		How long <i>one week</i>	
Immediate <i>Pneumonia + Heart disease</i>		How long <i>three days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. B. Lane</i>	
Address <i>Town</i>		Accident or Suicide? <i>—</i>	





Name  
in  
Full

William Franklin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Balto Co</i>		County		MARYLAND	
Date of death 1903	Month <i>3<sup>rd</sup></i>	Day <i>19</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Baltimore</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Carpenter</i>				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Records Mt Hope</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania (Alcoholic)</i>	How long
Immediate <i>Ex - Uraemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Baltimore Co Md -</i>
<input checked="" type="checkbox"/> Accident or Suicide?	

21



Name  
in  
Full

## CERTIFICATE OF DEATH

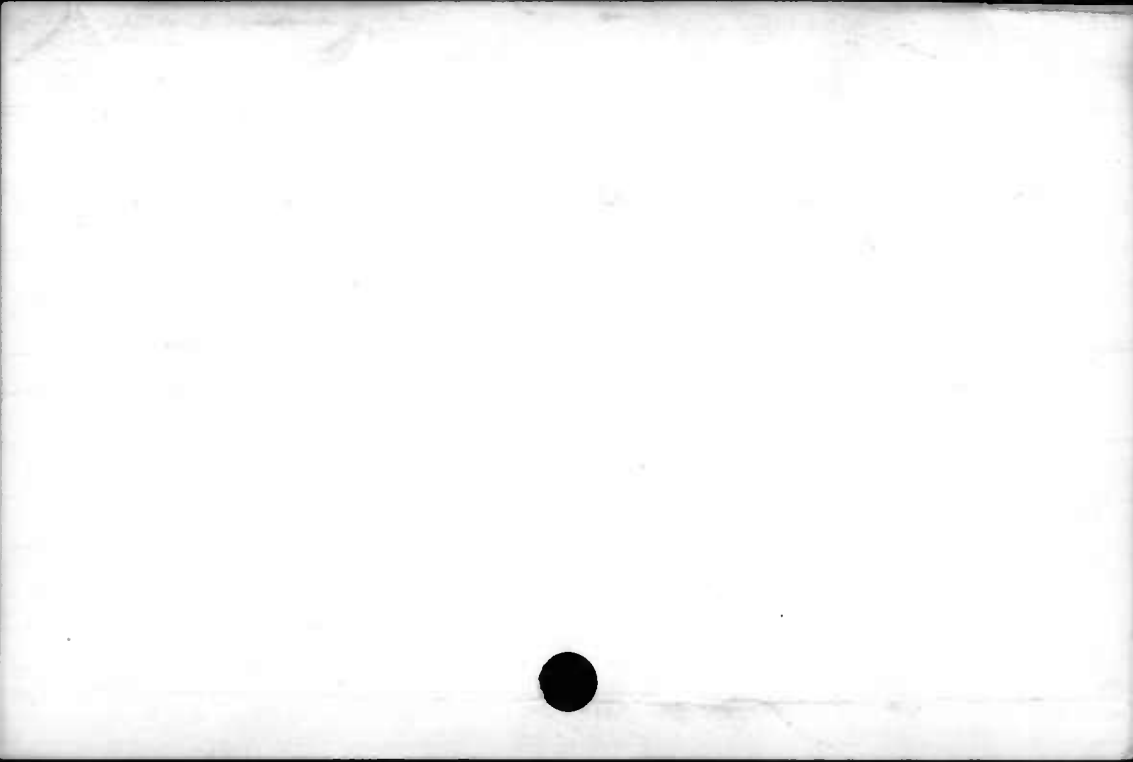
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Henry Friedinger</i>		Town <i>Spencerville</i>		County <i>Baltimore</i>		MARYLAND					
Died at		Month <i>March</i>		Day <i>27<sup>th</sup></i>		Years <i>Two</i>		Months <i>Six</i>		Days <i>Eight</i>	
Date of death 190 <i>3</i>		Age <i>Two</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Va.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>									
Name of Wife or Husband <i>_____</i>											
Father's Name <i>Chas. G. Friedinger</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Carrie B. Rowe</i>		Mother's Birthplace <i>Penn.</i>									
Name of person giving in formation <i>Chas. G. Friedinger</i>		How related to deceased <i>Father</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Asphyxia</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Hodges M.D.</i>
	Address <i>Spencerville, Md.</i>
Accident or Suicide?	



Name  
in  
Full

anne gartner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

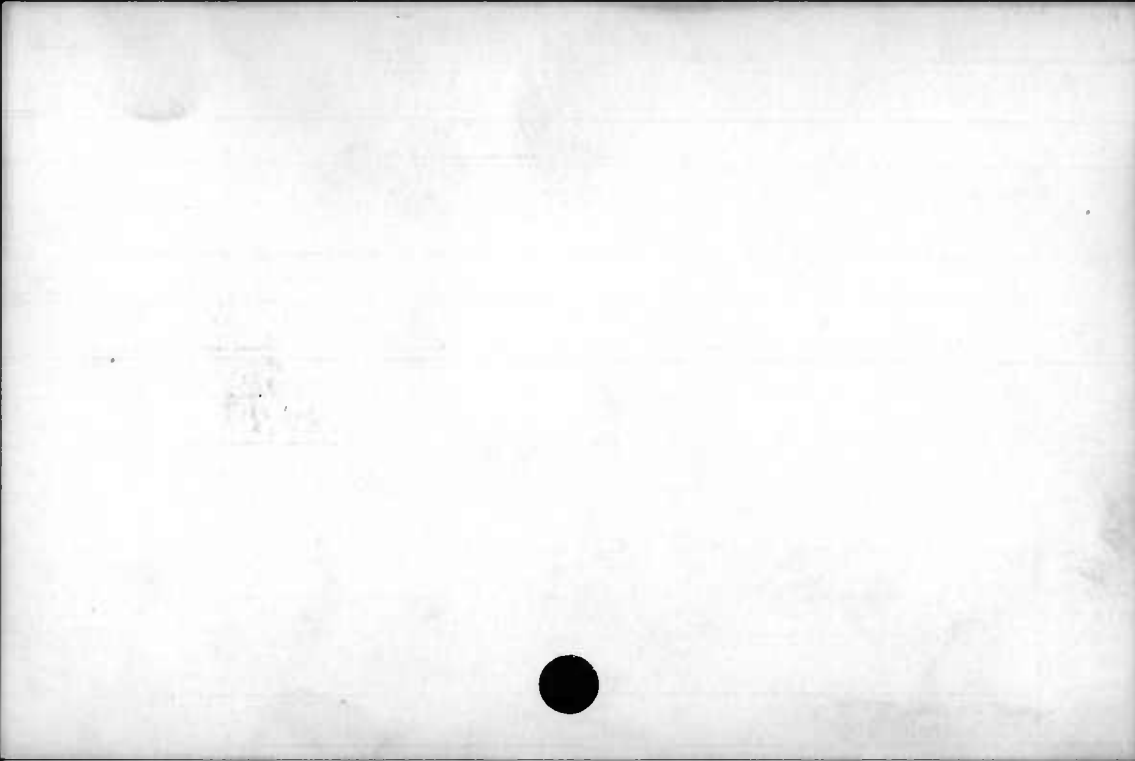
Died at		Catoctin <sup>Town</sup>		Baltimore Co <sup>County</sup>		MARYLAND	
Date of death 1903	Month march	Day 26	1903	Age 75 years	Months	Days	
Sex female	Color or Race white		Birth- place Germany				
Married, Single or Widowed widely		Occupation Nothing					
Name of Wife or Husband — — — — —							
Father's Name — — — — —				Father's Birthplace — — — — —			
Mother's Maiden Name — — — — —				Mother's Birthplace — — — — —			
Name of person giving information John Herwig				How related to deceased			

## CAUSES OF DEATH

old age

PHYSICIAN  
OR CORONER

Primary	2 months	How long	
Immediate	St Matthew Ceme	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr DW Janel	
		Address 3118 O'Donnell St	
Accident or Suicide?			



Name *A. Louise M. Gott*  
Full

CERTIFICATE OF DEATH

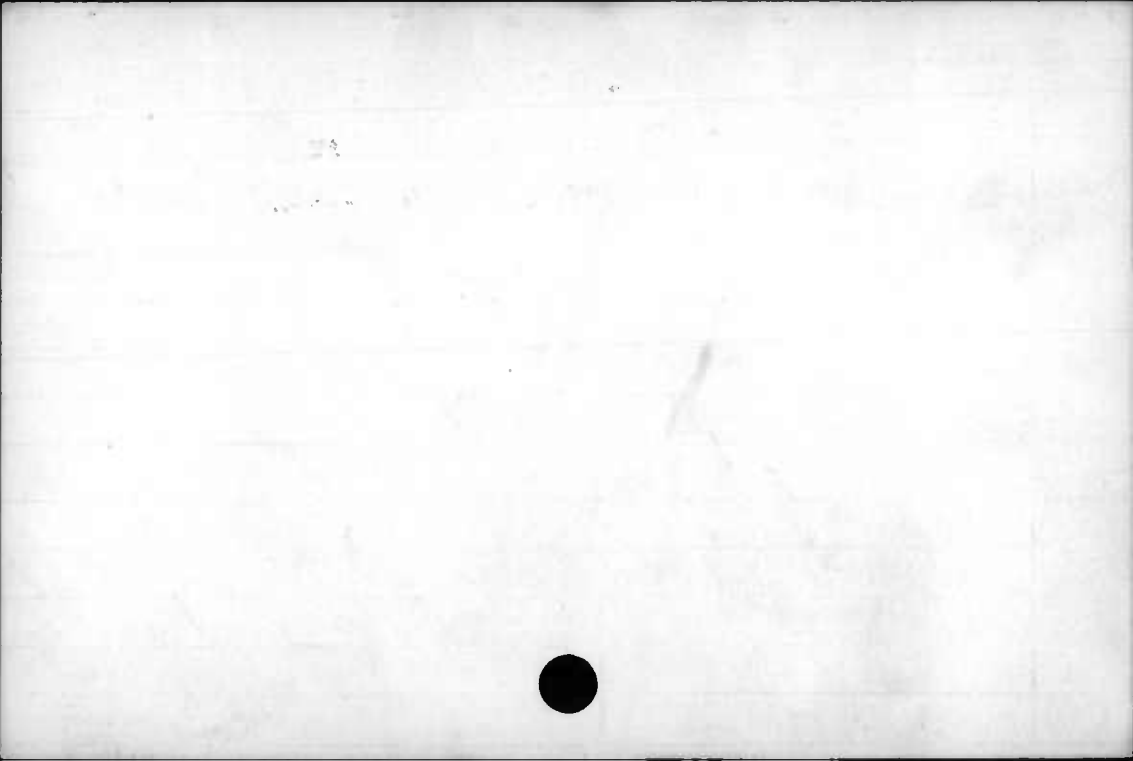
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tomsau</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>Wednesday</i>	Age <i>53</i>	Months <i>+</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto city</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Teacher</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>Thompson Gott</i>			Father's Birthplace <i>Balto city</i>		
Mother's Maiden Name <i>Catherine Gott</i>			Mother's Birthplace <i>Balto city</i>		
Name of person giving information <i>Kate Gott</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>	How long <i>?</i>
Immediate <i>Paralysis &amp; uraemia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lelia H. Pomeroy</i>
	Address <i>Tomsau Md</i>
Accident or Suicide?	





Name In Full

Certificate of Death

*Jno. W. Green*  
 Town *Curtysville* County *Balto.*

MARYLAND

Died at *Mar. 1<sup>st</sup>* 1903  
 Date 1903 *Mar. 1<sup>st</sup>* Month Day Y. M. D. Age *63*  
 Male *White* Married *Widow* Native of *Ind* Occupation *County officer*  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Divorced~~ Number of children living *6*

Husband  
 of  
 Wife

Father's  
 Name

Mother's  
 Maiden Name *10*

Cause of Death { Primary *Grip & Pneumonia*  
*Hepatitis, (with old Anemia)*  
 Immediate  
 How long sick *15 days*  
 Accident, Suicide, Homicide

Reported by

Address

*D. F. Querry M. D.*  
*Leesport Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Martha A. Garner*

Town

County

Died at

MARYLAND

Date 1903 *March 19* Month Day Y. M. D. Native of *W. Va.* Occupation *Housewife*  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *Y. H. Garner*  
 Wife

Father's Name *Lemondy Woman* Mother's Maiden Name *Alice*

Cause of Death { Primary *Sclerosis of S. Cord* How long sick *5 years*  
 Immediate *(Effusion) Cerebral inflammation* Accident, Suicide, Homicide

Reported by *Dr. J. B. Brainerd*

Address *Cockupsville Boll. Co. W. Va.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Popular Cemetery  
March 21<sup>st</sup>

Name  
in  
Full

Frederick Genser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Balto Co Almshouse* <sup>Town</sup> *County*

MARYLAND

Date

of death 1903

Month

3

Day

4

Age

Years

79

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Married, ~~Single~~  
or ~~Widowed~~

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

Infirmitie of old age

How long

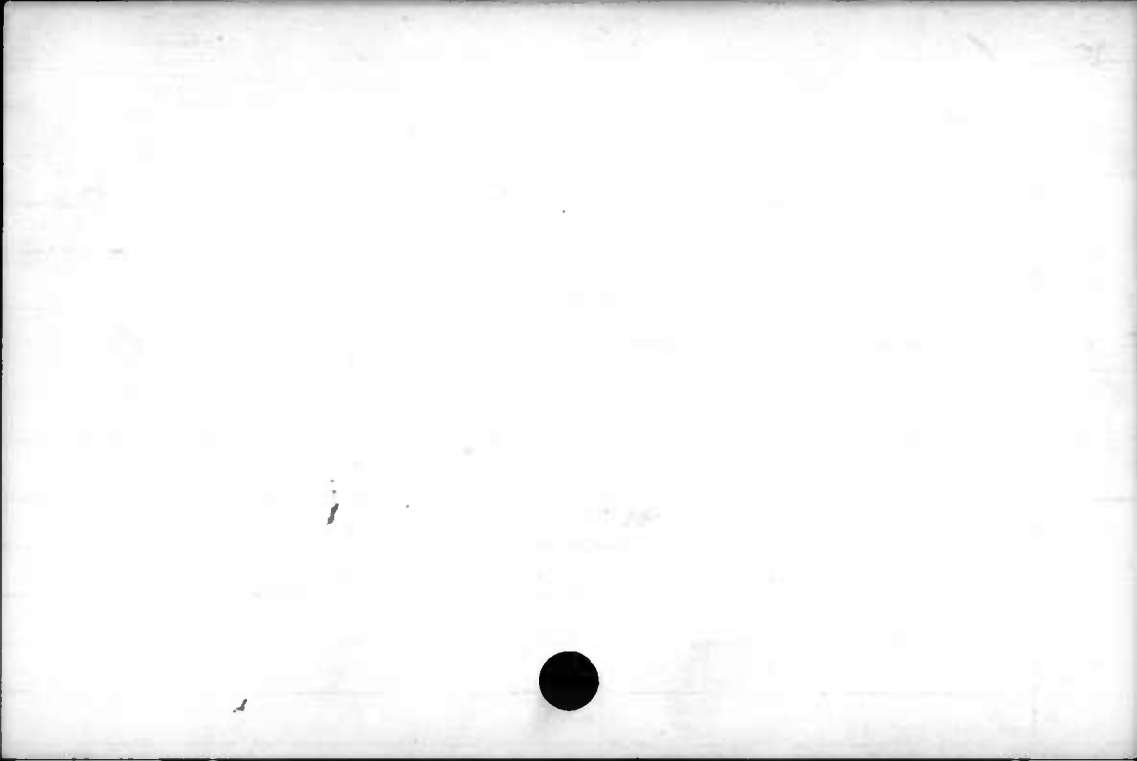
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr. Theo C. Bussey  
Texas  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



*Elsie Mary Hall*

Died at *Caution*

County *Balt*

MARYLAND

Date *1903* *3* *2* Month Day  
 Age *5* Y. M. D. Native of *Ind* Occupation *none*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
 of

Father's  
 Name *Robert Hall*

Mother's  
 Name *Elsie Hall*

Cause of Primary *Pneumonia*

How long sick  
*8 days*

Death Immediate *asthenia* *9th*

~~Accident, Suicide, Homicide~~

Reported by *Dr. Jones M. D.*

Address *3118 O'Donnell St*

Alexandra Sternsley.

Asbury Cemetery.



Barn dead

Died at Randalltown Town Baltimore County MARYLAND

Date 1903 March 15<sup>th</sup> Month Day Y. M. D. Native of \_\_\_\_\_ Occupation \_\_\_\_\_

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name David Howard Mother's Maiden Name Eliza Harris

Cause of Death { Primary Dead when born Immediate \_\_\_\_\_ How long sick \_\_\_\_\_

Accident, Suicide, Homicide

Reported by A. C. Smith M.F.

Address

Must be signed by physician, if any in attendance, otherwise \_\_\_\_\_ oner, undertaker or minister.



Name  
in  
Full

Charles Heckner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Dickeyville		County Balto		MARYLAND	
Date of death 190	2	Month 3	14	Day 18	4	Age Years 63	Months Days
Sex	Male		Color or Race	White		Birth- place	Germany.
Married, Single or Widowed	Married.		Occupation	Laborer.			
Name of Wife or Husband	Rosa Heckner.						
Father's Name	Henry Heckner.					Father's Birthplace	Germany
Mother's Maiden Name	Amelia Hess.					Mother's Birthplace	Germany
Name of person giving information	Jrd C. Heckner.					How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis.		How long	9 Months
Immediate			How long	9 Months
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	George F. Schubert.
			Address	Dickeyville Balto Co Md
Accident or Suicide?				

Eastern Cemetery  
Bald Ind

Name  
in  
Full

Annetta Helms

## CERTIFICATE OF DEATH

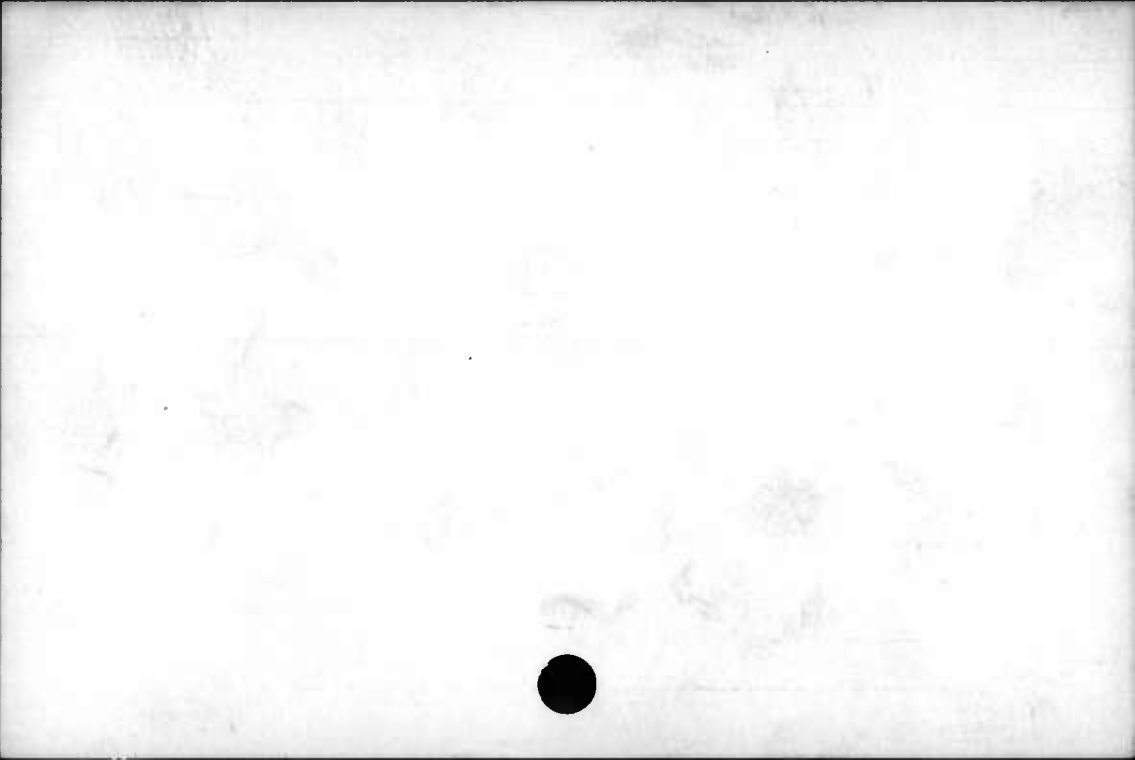
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highland		County Baltimore		MARYLAND	
Date of death 190		Month 3	Day 31	Age Years 36		Months	Days
Sex Female		Color or Race white		Birth-place Baltimore Co			
Married, Single or Widowed Married		Occupation Housewife					
Name of Wife or Husband Frederick Helms				Father's Birthplace Germany			
Father's Name Theo Maash				Mother's Birthplace Germany			
Mother's Maiden Name M. Helms				How related to deceased husband			
Name of person giving information Annetta Helms							

## CAUSES OF DEATH

Primary	Ovarian Tumor	How long	1 year
Immediate	Shock due to Operation	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Schufeldt	
yes		Address 1400 First St.	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sophia A. Helwig

## CERTIFICATE OF DEATH

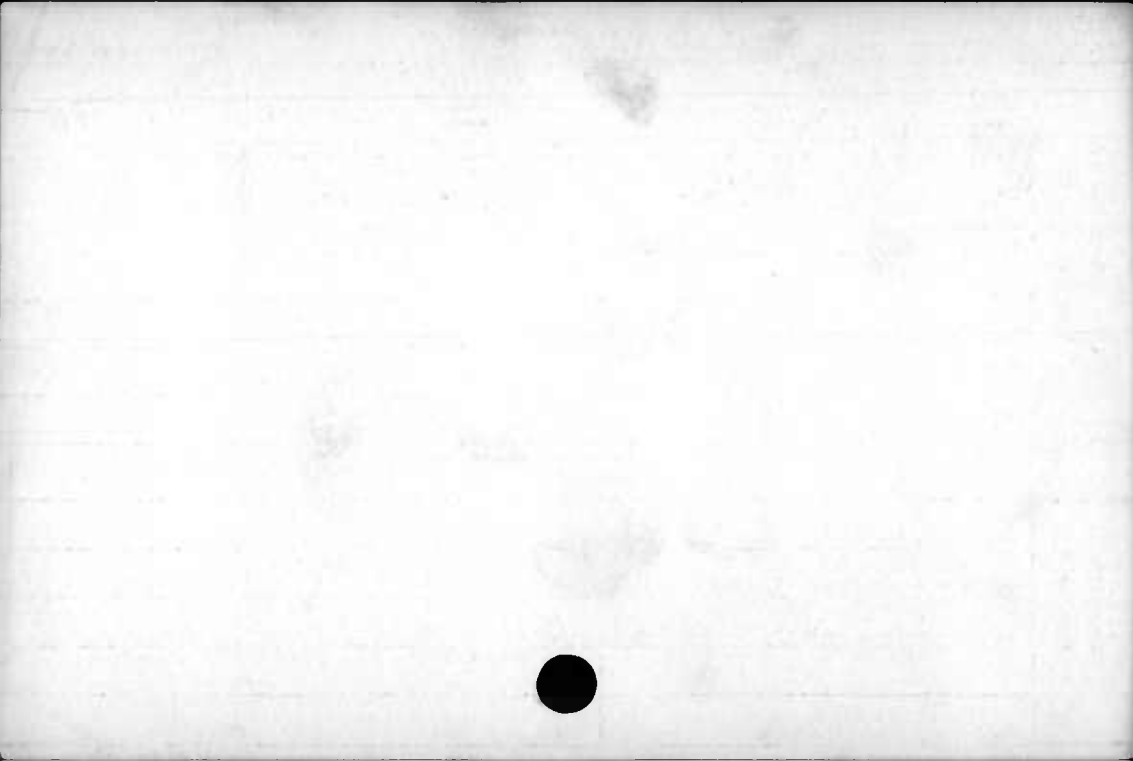
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Landowne</i> Town		<i>Balt</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	Day	<i>10</i>	Age	Years
				Months	<i>4</i>
				Days	<i>17</i>
Sex	<i>Female</i>	Color or Race	<i>white -</i>	Birth-place	<i>Balta. Md.</i>
Married, Single or Widowed	<i>-</i>	Occupation	<i>Infant</i>		
Name of Wife or Husband					
Father's Name			<i>Chas. W. Helwig</i>		
Mother's Maiden Name			<i>Katie Hein</i>		
Name of person giving information			<i>Katie Helwig</i>		
Father's Birthplace			<i>Balt Co. Md.</i>		
Mother's Birthplace			<i>Balt Co. Md.</i>		
How related to deceased			<i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>93</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Frank H. Kuhl, M.D.</i>	
		Address	
		<i>Landowne Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Rock Park* *Baltimore* CountyDate of death 1903 *March* *4* Month Day Age *70* Years Months DaysSex *Female* Color or Race Birth-place *Ireland*Married, Single or Widowed *Widow* Occupation *None*

Name of Wife or Husband

Father's Name *Mrs. M. C. Kirzie*Father's Birthplace *Ireland*Mother's Maiden Name *Elizabeth Holt*Mother's Birthplace *Ireland*

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary *Chronic Interstitial Nephritis* How long *X*Immediate *Dropsy; cardiac failure* How long *16 mos.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Joseph T. Smith, M.D.*  
*1070 Madison Ave.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

True copy of a certificate of death made  
upon a Burlington City blank and transmitted  
to State blank for filing.

John S. Fulton,  
State Registrar.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

John Hipke  
Resaca Town Back County

MARYLAND

Date

of death 1903

Month

3

Day

2

Age

Years

67

Months

Days

-

Sex

Male

Color of  
Race

White

Birth-  
place

Va

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

112

How related  
to deceased

## CAUSES OF DEATH

Primary

Benjamin Hipke

How long

Seven months

Immediate

Exhaustion

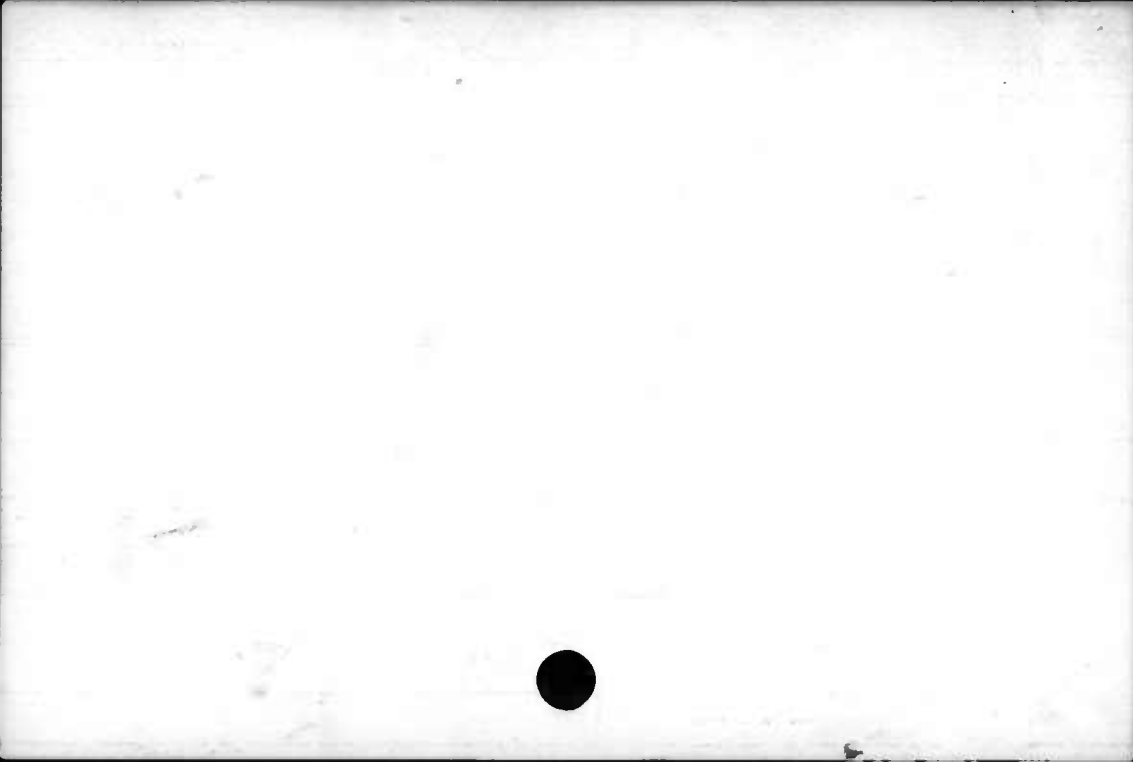
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

H. P. Hipke  
Resaca

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

*Ann B Hoskins*  
 Died at *York* <sup>Town</sup> *Balto.* <sup>County</sup>

MARYLAND

Date of death 190 *3* <sup>Month</sup> *March* <sup>Day</sup> *12* Age *53* <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex *Female* Color or Race *white* Birth-place *Harford Co.*

Married, ~~single~~ <sup>widowed</sup> Occupation *Farmer wife*

Name of ~~wife~~ <sup>husband</sup> *William Hoskins*

Father's Name *Amos Benson* Father's Birthplace *Harford Co.*

Mother's Maiden Name *Margaret Brown* Mother's Birthplace *Harford Co.*

Name of person giving information *C. A. Benson* ~~How related to deceased~~ *Nephew*

## CAUSES OF DEATH

Primary *General debility failed aged 53* <sup>How long</sup> *Several Years*

Immediate *Same as above* <sup>How long</sup> *Do*

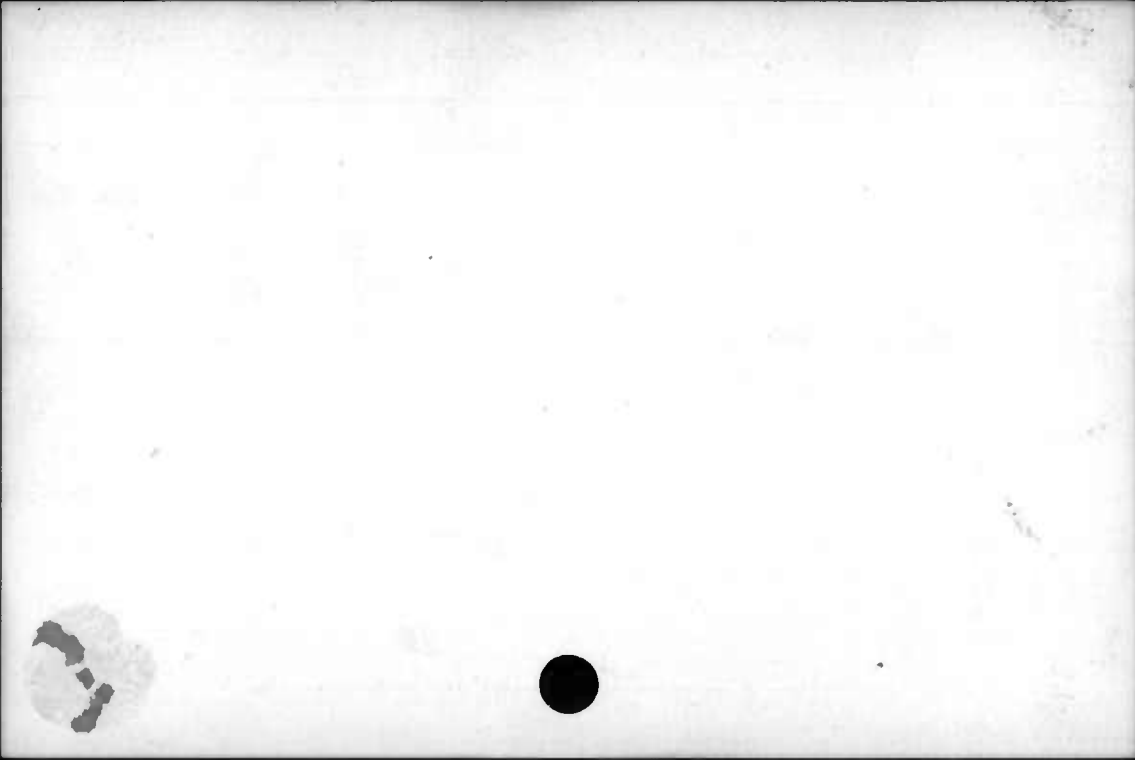
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. F. G. Gonsuak M. D.*

Address *State Ind -*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Orlean</i>		Town <i>Orlean</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>3</i>		Day <i>10</i>		Years <i>57</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Orlean Ball Co</i>		Months <i>—</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Merchant</i>					
Name of Wife or Husband <i>Emma Imhoff</i>							
Father's Name <i>Forenza Imhoff</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary Mentzel</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Stephen Hilsinger</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Boring</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	





Name in Full

Certificate of Death

His Name

Clifton Jackson

Town

County

Died at

Sparrow's Point

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3

12

Age

-

-

1

Md.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Clifton H Jackson

Mother's

Name

\$ 151

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

J W Woodward M.D.

Address

Sparrow's Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998



Name  
in  
Full

Doc. Jackson Leal

CERTIFICATE OF DEATH

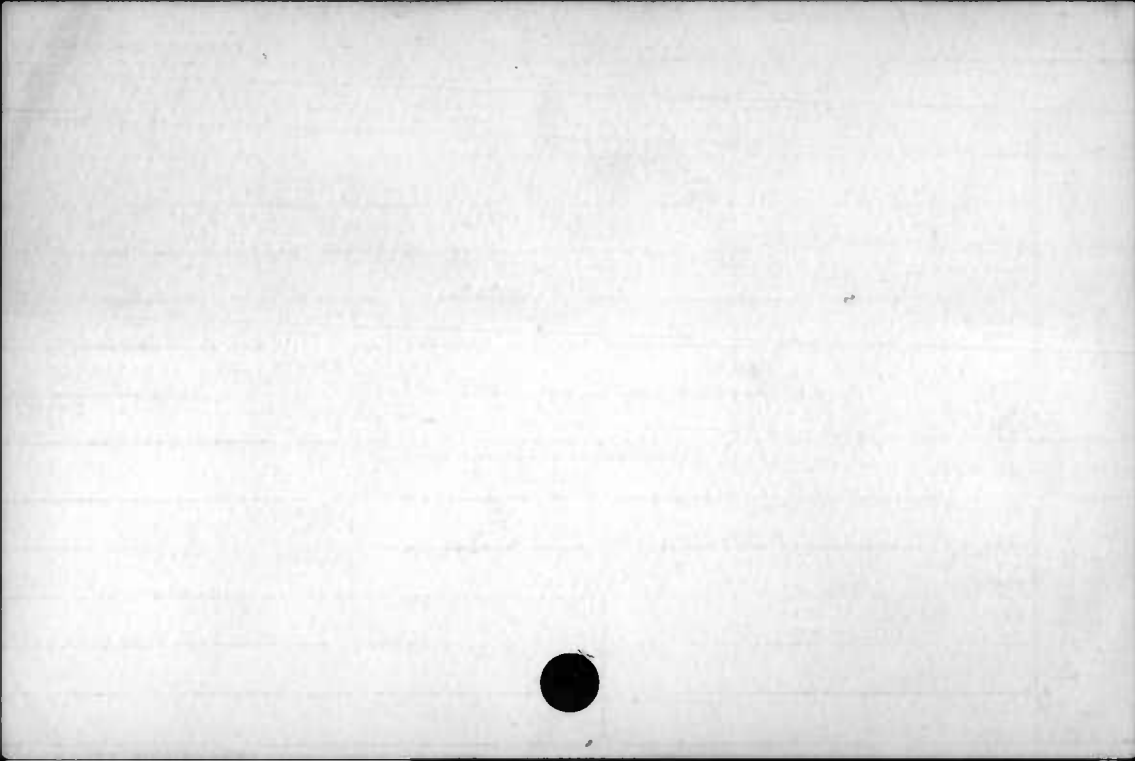
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wentport</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>3</u> <sup>Month</sup>	<u>24</u> <sup>Day</sup>	Age <u>22</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>S. Carolina</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Laborer</u>		
Name of Wife or Husband <u>      </u>					
Father's Name <u>      </u>				Father's Birthplace <u>      </u>	
Mother's Maiden Name <u>      </u>				Mother's Birthplace <u>      </u>	
Name of person giving information <u>Hinton Moore</u>				How related to deceased <u>Gone</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Congestive Heart</u>	How long <u>Sudden</u>
Immediate <u>      </u>	How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>Correct</u>	Signature of <u>August W. Miller</u>
	Address <u>Mr. Winans</u>
Accident or Suicide? <u>Natural Cause</u>	<u>Baltimore</u>



Name  
in  
Full

Julia A Janett

## CERTIFICATE OF DEATH

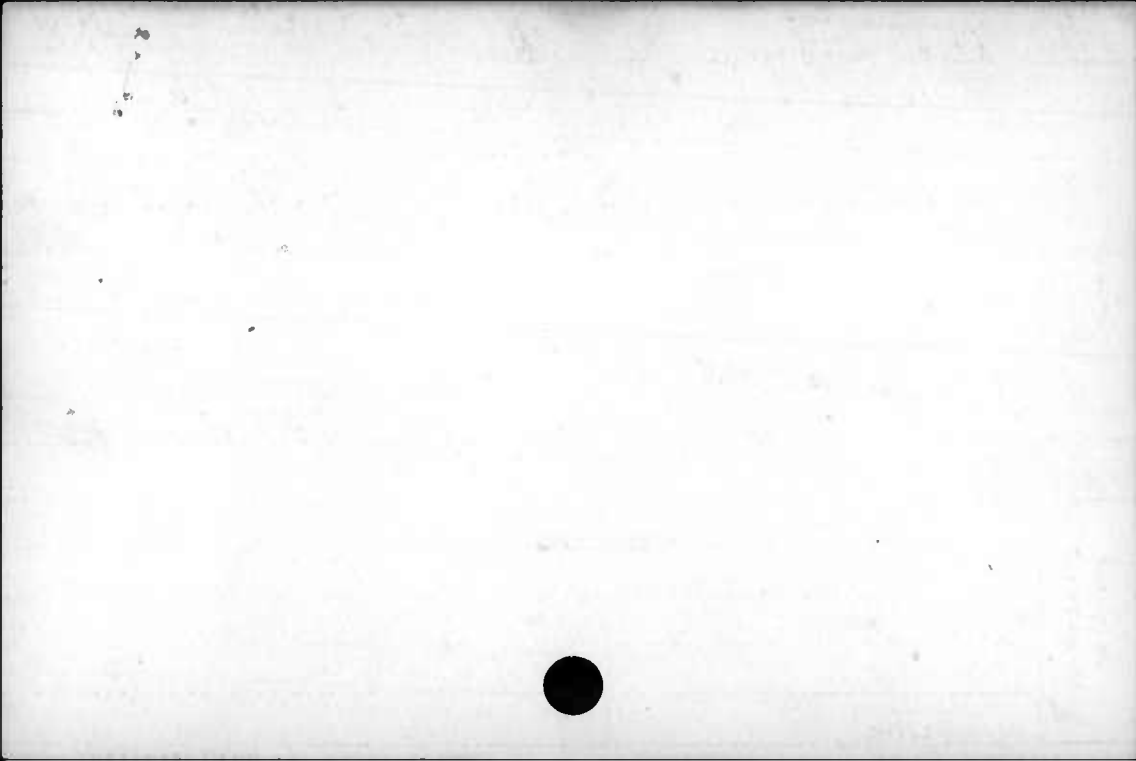
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>17</i>	Years <i>69</i>	Months <i>5</i>	Days <i>15</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carlisle Pa</i>	
Married, <del>Single</del> or <del>Widowed</del>			Occupation <i>House wife</i>		
Name of wife or Husband <i>276 Janett</i>					
Father's Name <i>William Spinkswood</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Harriet</i>			Mother's Birthplace <i>Guthrie Pa</i>		
Name of person giving information <i>L. H. Janett</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease</i>	How long <i>79</i>	How long <i>several years</i>
Immediate <i>Gangrene</i>		How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Janett</i>	
	Address <i>Towson</i>	
Accident or Suicide?		



Name  
in  
Full

Mary Scilla Jenkins

## CERTIFICATE OF DEATH

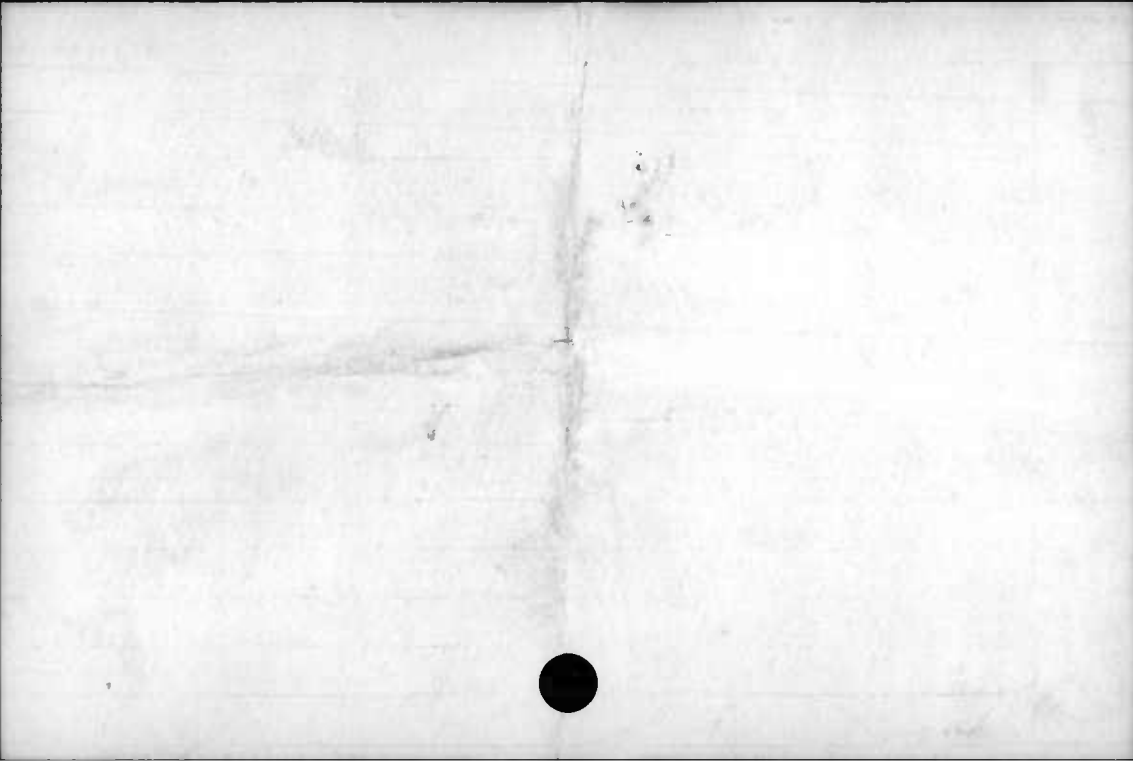
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belfast</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>3</i>	Day <i>27</i>	Age Years <i>11</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Belfast</i>		
<del>Married, Single or Widowed</del> <i>Single</i>		Occupation <i>none</i>			
<del>Name of Wife or Husband</del>					
Father's Name <i>George W. Jenkins</i>			Father's Birthplace <i>Westminster</i>		
Mother's Maiden Name <i>Sophia Lane</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Tubercularis 27</i>	How long <i>6 mo's</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Orbach</i>
	Address <i>Butler Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph Giles*  
Died at *Benzies* Town *Baltimore* County

MARYLAND

Date of death 1903 Month *March* Day *31* Age *31* Years Months *2* Days

Sex *male* Color or Race *color* Birth-place *Baltimore, B.O.*

Married, ~~Single~~ *or Widowed* Occupation *a farmer*

Name of Wife or Husband *Juley Gile*

Father's Name *Joseph Gile* Father's Birthplace

Mother's Maiden Name *Juley Pearce* Mother's Birthplace *Baltimore city*

Name of person giving information *Isaac Gungley* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Consumption* How long *7 months*

Immediate *27* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address

Accident or Suicide? *William J Jenkins corner*



Orsburn Johnson

Town

County

Died at

MARYLAND

Date 1893 <sup>Month</sup> March <sup>Day</sup> 23 Y. M. D. <sup>Native of</sup> Maryland <sup>Occupation</sup> laborer  
 Male White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ Widower Number of children living 4

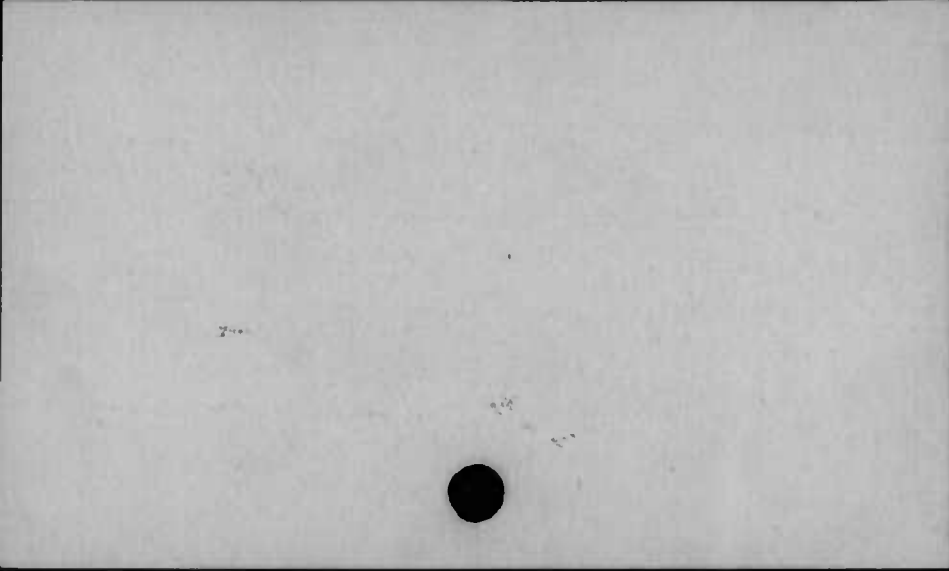
Husband of Rebecca Johnson  
 Wife

Father's Name Mother's Name  
 Name Name

Cause of Death { Primary Insanity - with cerebral softening  
 Immediate some with paralysis  
 How long sick four months  
 Accident, Suicide, Homicide

Reported by Arthur Williams M.D.  
 Address Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Martin A Katzenberger

## CERTIFICATE OF DEATH

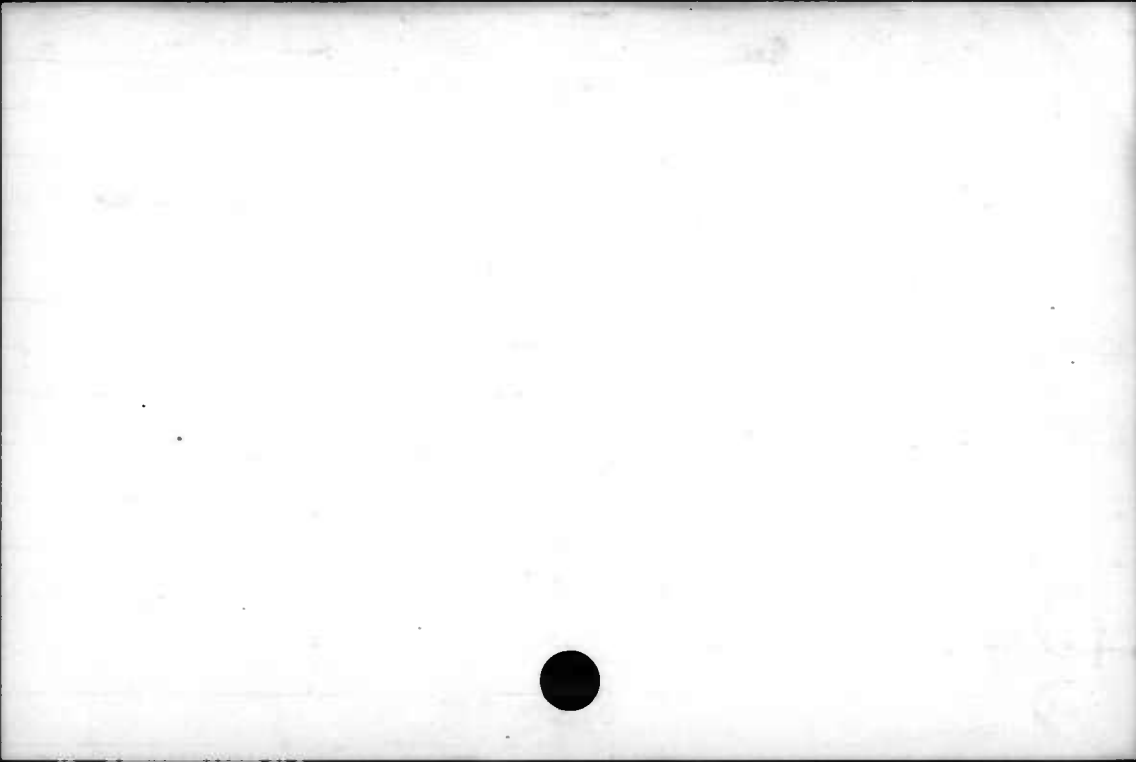
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leanton</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>25<sup>th</sup></i>	Age <i>71</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Germany</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Chemist Packer</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving in formation <i>Mrs Ault</i>			How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hemiplegia Left -</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. W. Meyer</i>
		Address <i>2 Hudson St</i>
Accident <i>Yes</i> or No?		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Sister Sadore Kenny*

MARYLAND

Died at *St Agnes Hospital* *Balt*

Date of death 190 *3* <sup>Month</sup> *March* <sup>Day</sup> *18* <sup>Years</sup> *73* <sup>Months</sup> <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Ireland*

Married, Single or Widowed ☒ Occupation

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Distention of heart & apoplexy*  
*in exhaustion*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*The Reams*  
*St Agnes Hospital*

Accident or Suicide?

*No*

PHYSICIAN  
OR CORONER

*2*

Martin Trahey & Sons  
To New Cathedral Cemetery  
March 20<sup>th</sup> 1903



Name  
in  
Full

Helen Laura King

## CERTIFICATE OF DEATH

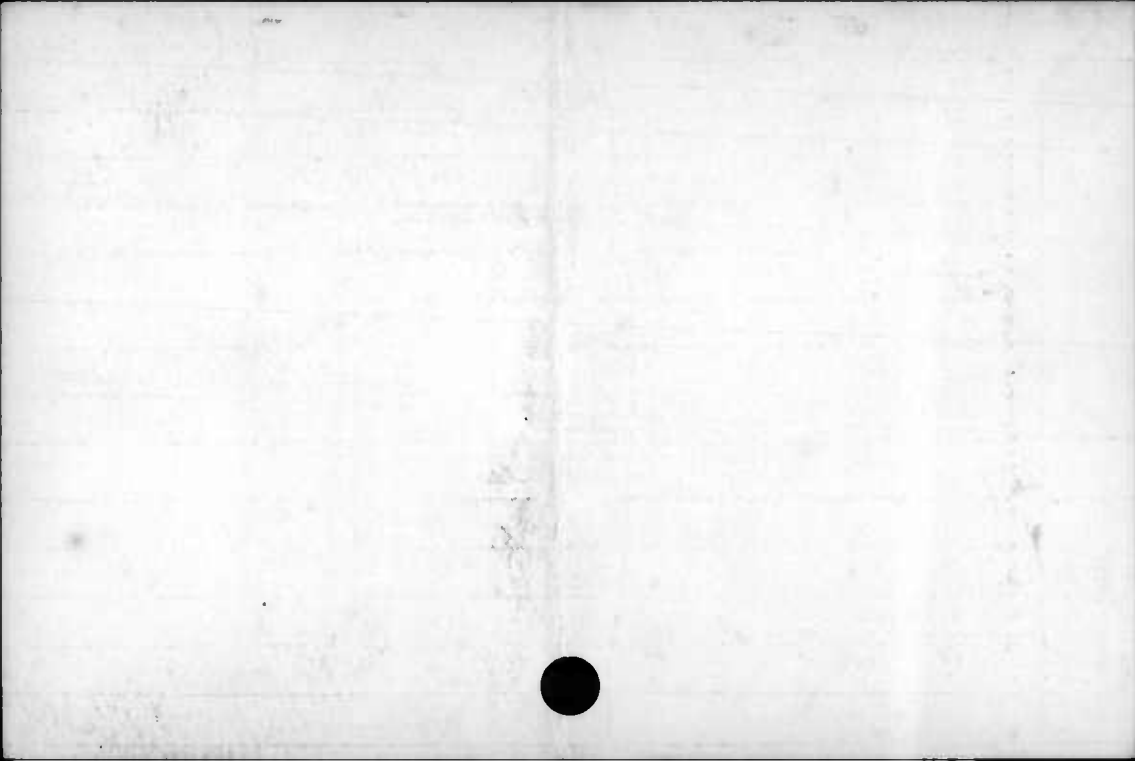
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Town</u> <i>Garman</i>			County <i>Bolt</i>			MARYLAND	
Date of death 190	3	Month	3	Day	4	Age	Years
						Months	2
						Days	3
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>Charles King</i>				<i>Ind</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Ella Bolt</i>				<i>Ind</i>			
Name of person giving information				How related to deceased			
<i>father Charles King</i>				<i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
	<i>4</i>
Immediate	How long
<i> Grip</i>	<i>weak</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	<i>John H. Wilson M.D.</i>
	Address
	<i>Franklinburg</i>
	<i>Ind</i>
Accident or Suicide?	



Name  
in  
Full

Rosa E. Krogman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>14</u>	Years <u>25</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>		Occupation			
Name of Wife or Husband <u>—</u>					
Father's Name <u>William H. Krogman</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Mary A. Lange</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>William H. Krogman</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>4 or 5 months</u>
Immediate <u>Exhaustion</u>	How long <u>27</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Albertas Cotton M.D.</u>
	Address <u>1828 E. Balt. St.</u>
Accident or Suicide? <u>No</u>	

Sacred Heart Cemetery

Mich. 17<sup>th</sup> 1903

Germanus. France

Undertaker

Name  
in  
Full

Florentina Kralice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		County <u>Balto</u>		MARYLAND	
Date of death 1903	Month <u>March</u>	Day <u>10<sup>th</sup></u>	Age <u>66</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth- place <u>German</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>-</u>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation <u>Daughter Dora Kralice</u>				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>10 days</u>
Immediate	<u>Emaciation</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>E. N. B. B. B.</u>
		Address	<u>2. Hudson St. N.Y.</u>
<u>Accident or Suicide?</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

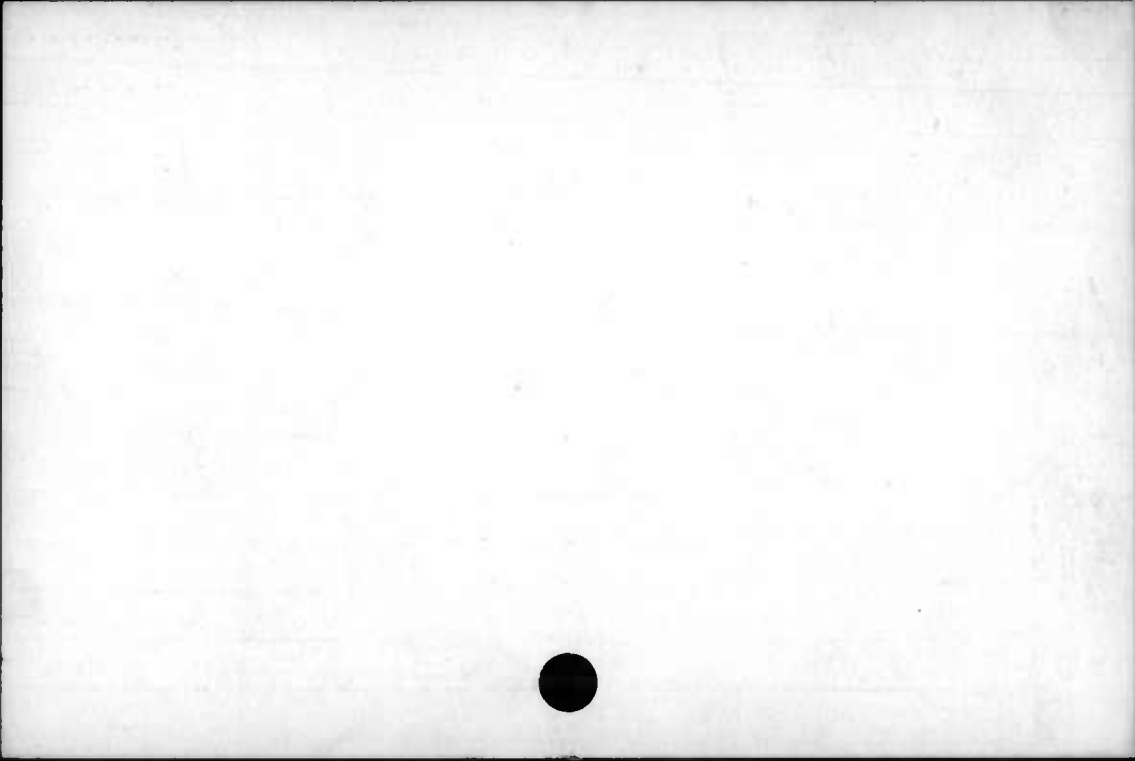
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dover</i> Town		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>5</i>	Age <i>—</i>	Months <i>16</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dover</i>		
Married, Single or Widowed <i>X</i>		Occupation <i>X</i>			
Name of Wife or Husband <i>X</i>		<i>X</i>			
Father's Name <i>Napoleon Leal</i>			Father's Birthplace <i>Howard Co. Md</i>		
Mother's Maiden Name <i>Mary E Lumbough</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Napoleon Leal</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles &amp; Double Pneumonia</i>	How long <i>Two weeks</i>
Immediate <i>Cerebral meningitis</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Rice</i>
	Address <i>Glyndon Md</i>
Accident or Suicide? <i>X</i>	





Name  
in  
Full

Mary E Legates

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Mt Hope Retrial* <sup>Town</sup> *Baltimore* <sup>County</sup> *Med-*

MARYLAND

Date of death 1903 *Feb* <sup>Month</sup> *3rd* <sup>Day</sup> *28* <sup>Years</sup> *yo* <sup>Months</sup> <sup>Days</sup>Sex *Female* Color or Race *White* Birth-placeMarried, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

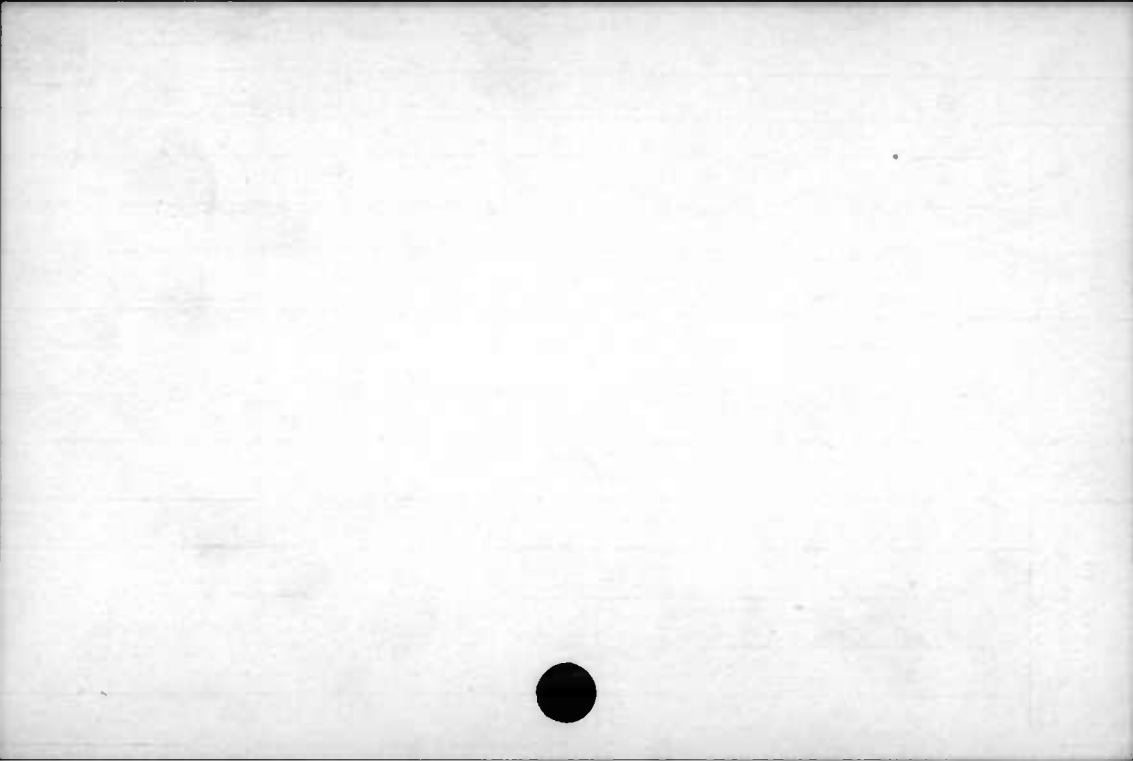
Name of person giving information *Records of Mt Hope* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Mania Chronic-* *68*

How long

Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Frank J. Flannery*Address *Mt Hope Retrial*Accident or Suicide? *—*



Name

in  
Full

## CERTIFICATE OF DEATH

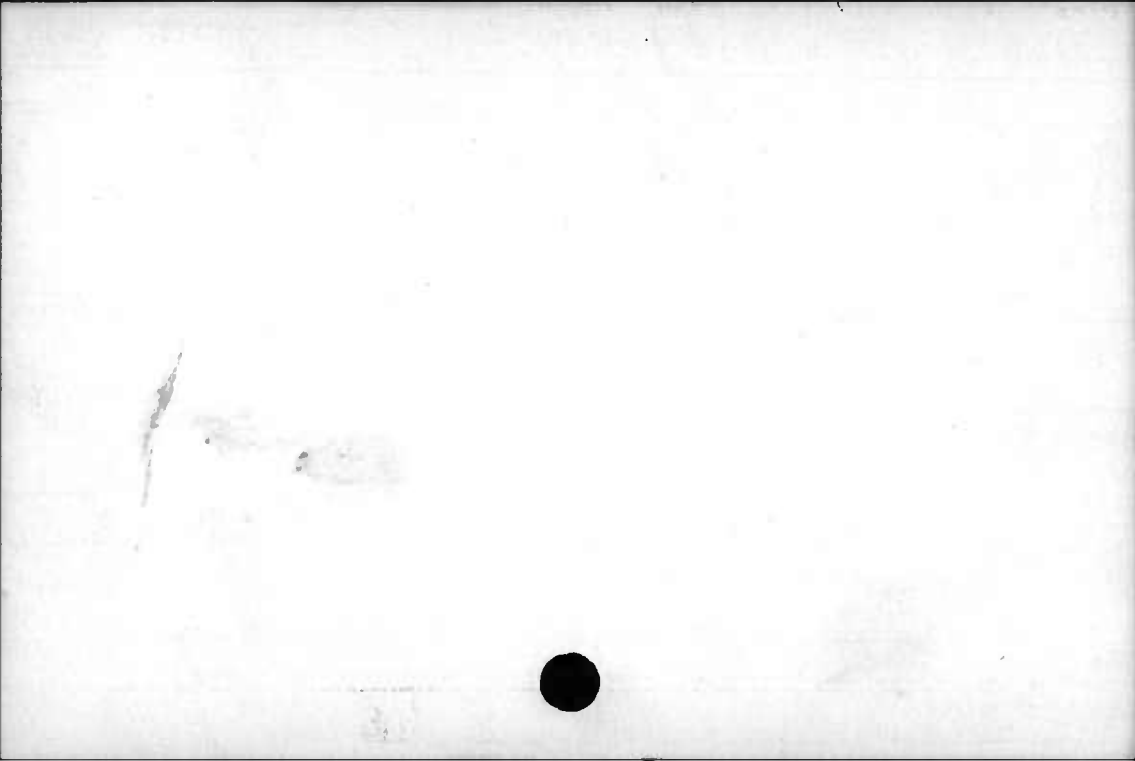
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chagnis Sanatorium</i>		County <i>Balt</i>		MAYLAND	
Date of death 1903	Month <i>March</i>	Day <i>7</i>	Years <i>42</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Married <del>Single</del> <del>Widowed</del>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		Address
Accident or Suicide?		



Name

in  
Full

Mary E. Mcbolough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Shamberg* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death 190*3* Month *3* Day *4* Age *3* Years Months *3* Days *9*

Sex *female* Color or Race *White* Birth-place *Shamberg*

~~Married~~ Single *—* or ~~Widowed~~ Occupation *—*

Name of Wife or Husband *—*

Father's Name *Joven E. Mcbolough* Father's Birthplace *Shamberg*

Mother's Maiden Name *S. Rosella Cole* Mother's Birthplace *end of*

Name of person giving information *Joven E. Mcbolough* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Capillary Bronchitis* How long *1 week*

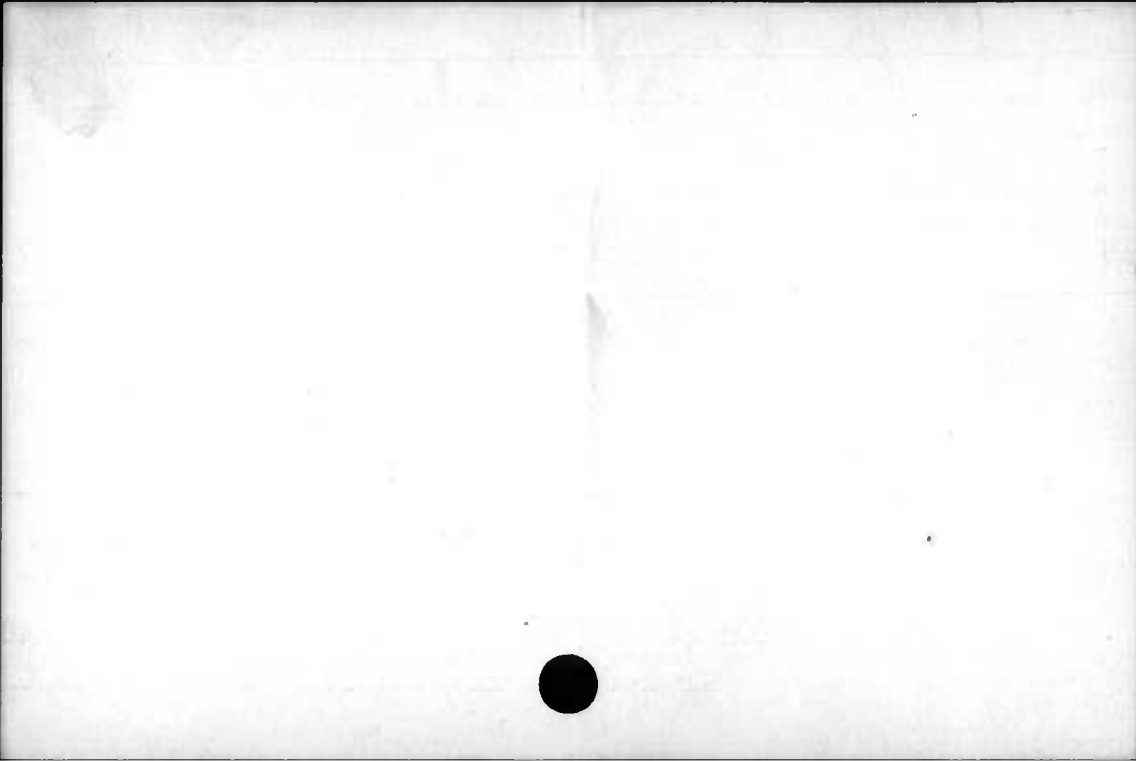
Immediate *Brain Fever* How long *short time*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *J. B. Norris*

Address *Buckleyville*

Accident or Suicide? *8*



Name  
in  
Full

Charles Louis Maupfelat Jr

## CERTIFICATE OF DEATH

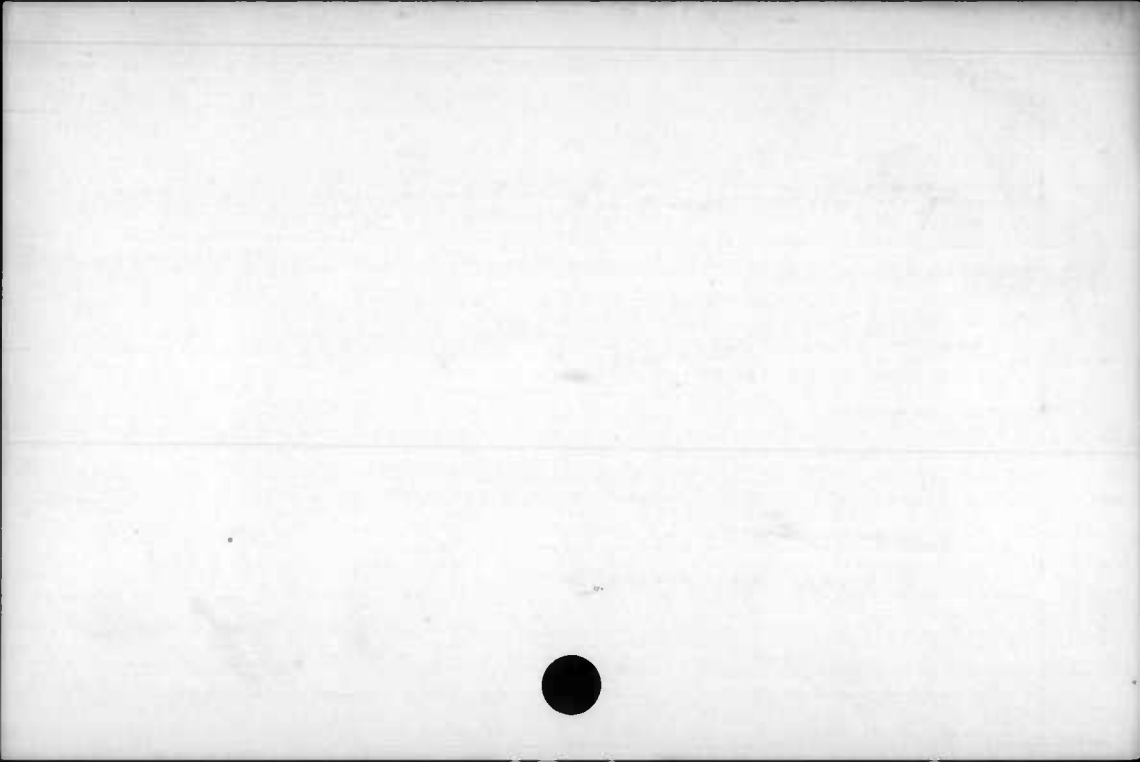
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Calumet		County Baltimore		MARYLAND	
Date of death 1902	Month Mar	Day 4	Age	Years	Months	Days	
Sex	Male		Color or Race	White		Birth- place	Calumet
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Charles L. Maupfelat			
Father's Birthplace				Baltimore Md			
Mother's Maiden Name				Wilhelmine Schwemmer			
Mother's Birthplace				Calumet			
Name of person giving information				C L Maupfelat			
				How related to deceased			
				Father			

## CAUSES OF DEATH

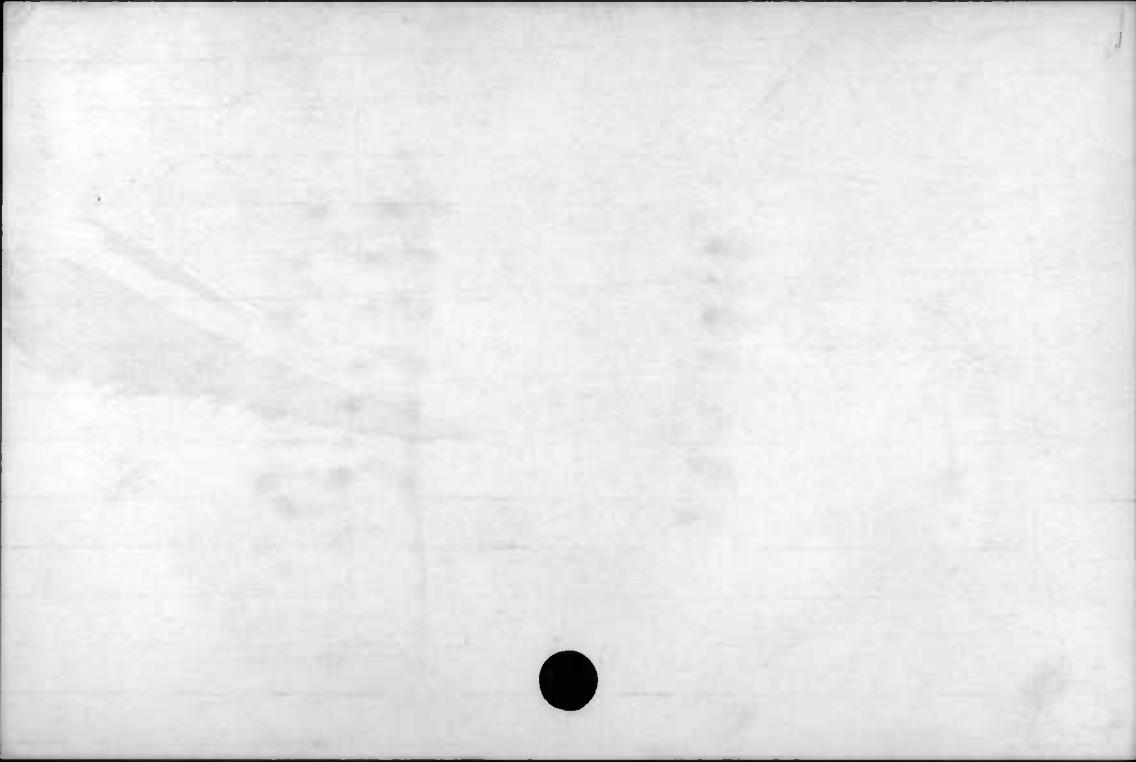
PHYSICIAN  
OR CORONER

Primary	Protrusion of cord		How long	
Immediate	Still Born		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr C L Maupfelat	
		Address	Dr Sappington 622 W Lombard Baltimore Md	
Accident or Suicide?				





Name in Full		James K. Marks				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Arlington		Baltimore					
		Date of death 1903		Month 3		Day 29		Age 74	
								Months 8	
								Days 1	
		Sex Male		Color or Race white		Birth-place Ireland			
		Married, Single, or Widowed				Occupation Station House Keeper			
		Name of Wife or Husband		None					
		Father's Name		unknown		Father's Birthplace		unknown	
		Mother's Maiden Name		unknown		Mother's Birthplace		11	
		Name of person giving information		Daughter		How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Enteritis		How long		106 8 days	
		Immediate		Exhaustion		How long			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Edwin E. Jones	
						Address		Arlington Md	
		Accident or Suicide?							



Name  
in  
Full

Hannah R. Medinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Hamilton <sup>County</sup> Balto

Date of death 1903 <sup>Month</sup> March <sup>Day</sup> 26 <sup>Years</sup> Age 63 <sup>Months</sup> 0 <sup>Days</sup> 23

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Balto

Married, Single or Widowed Married <sup>Occupation</sup> \_\_\_\_\_

Name of Wife or Husband Augustus C. Medinger

Father's Name Jacob Pfaff <sup>Father's Birthplace</sup> Germany

Mother's Maiden Name Elizabeth Pfaff <sup>Mother's Birthplace</sup> Balto

Name of person giving information Augustus Medinger <sup>How related to deceased</sup> Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis <sup>How long</sup> 40 yrs

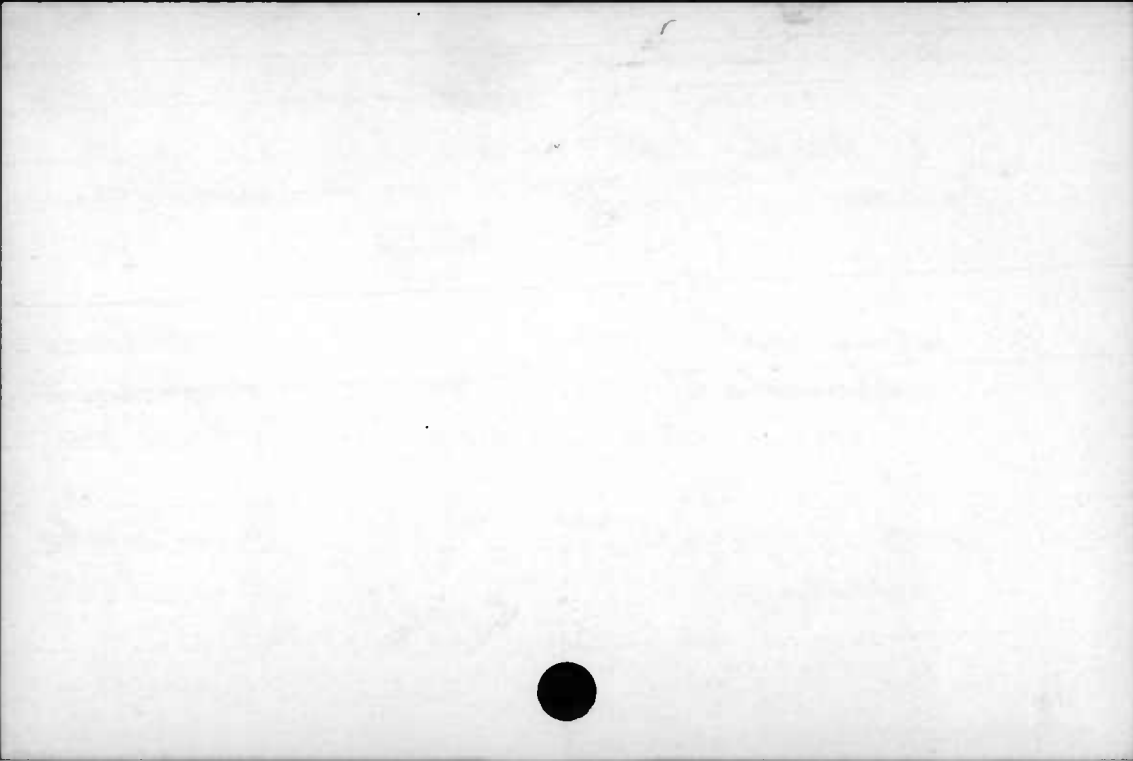
Immediate Hemorrhage <sup>How long</sup> immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician George S. Evershant

Address Hamilton Md.

Accident or Suicide? ☒ No



Name  
in  
Full

Elsie Eulalia Miller

## CERTIFICATE OF DEATH

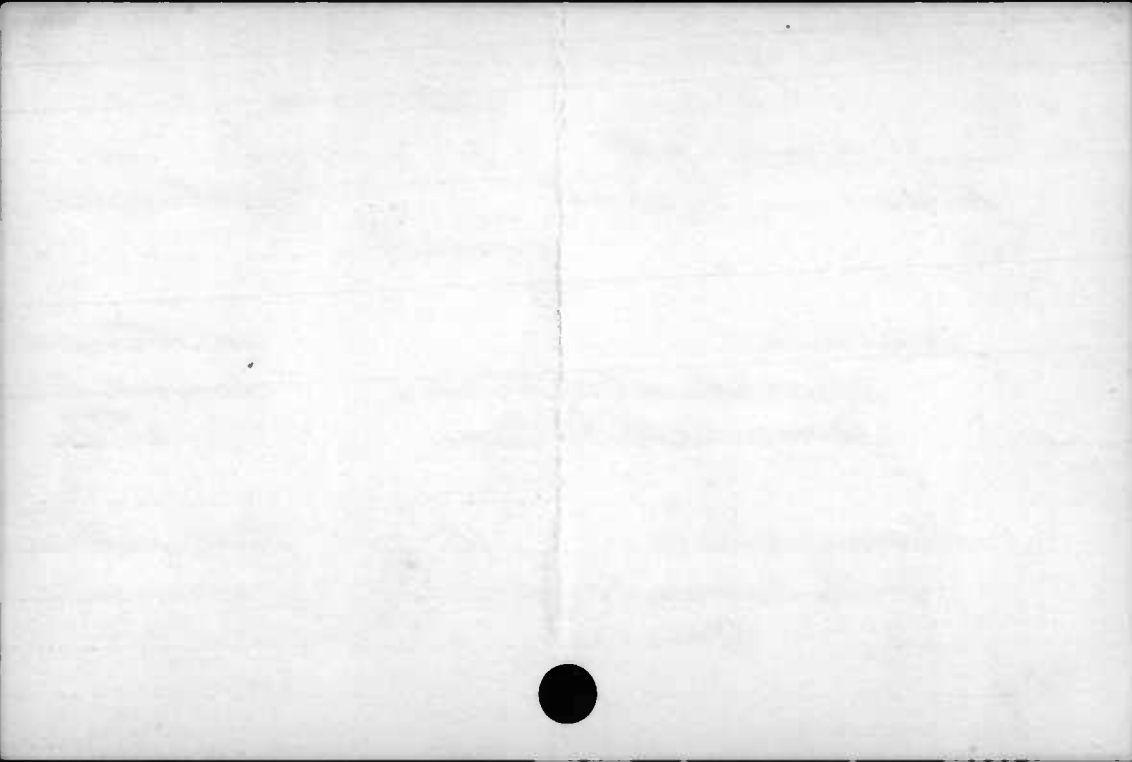
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Parkston		County Baltimore		MARYLAND	
Date of death 1903	Month March	Day 18 <sup>th</sup>	Age 3	Years	Months 11	Days 26	
Sex Female	Color or Race White		Birth- place Parkston, Md.				
Married, Single or Widowed			Occupation Child				
Name of Wife or Husband							
Father's Name John Best Miller				Father's Birthplace Parkston, Md.			
Mother's Maiden Name Alverda May Miller				Mother's Birthplace Henderson, Md.			
Name of person giving Information John Best Miller				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Bronchitis 90	How long	Two weeks
Immediate	Capillary "	How long	Five days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. W. Heyde, M.D.	
		Address Parkston, Md.	
Accident or Suicide?			



Name  
in  
Full

William Edgar Miller

CERTIFICATE OF DEATH

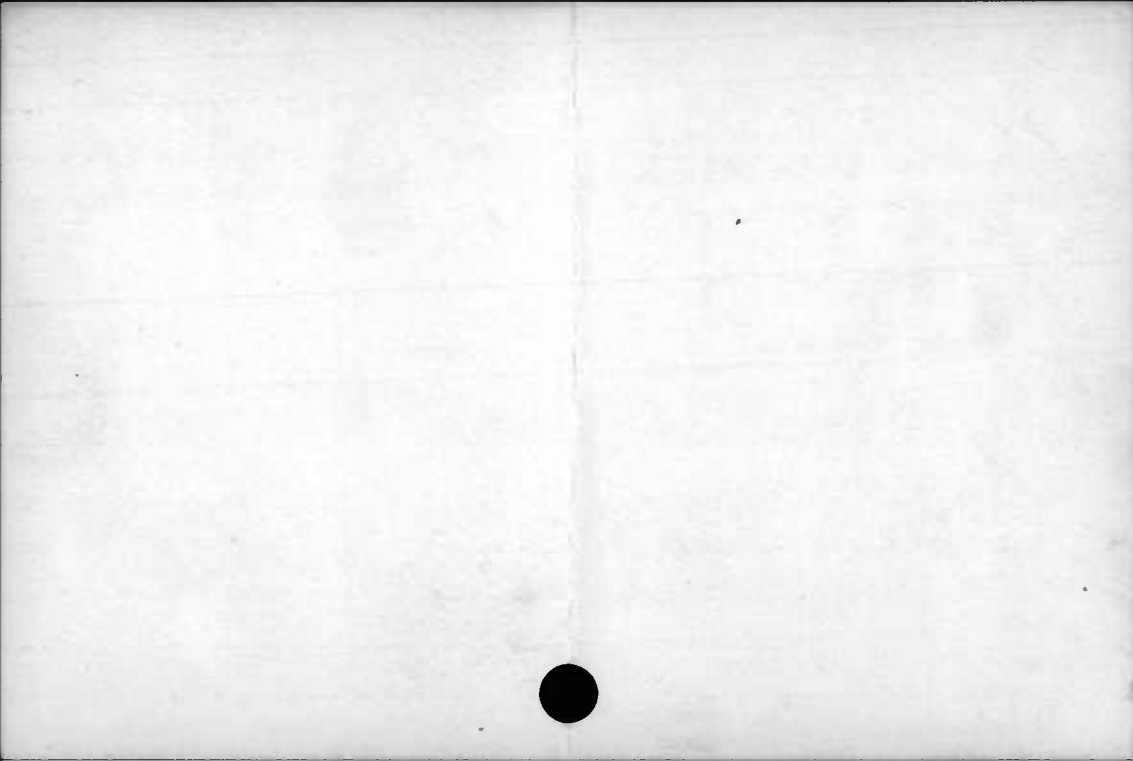
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Carlston</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 190		3	Month	20	Day	Age	0
				Years	5	Months	20
Sex		<u>Male</u>		Color <u>White</u>		Birth-place <u>Carlston, Md.</u>	
Married, Single or Widowed				Occupation <u>Infant</u>			
Name of Wife or <del>Husband</del>							
Father's Name <u>John Best Miller</u>				Father's Birthplace <u>Carlston, Md.</u>			
Mother's Maiden Name <u>Alvenda May Miller</u>				Mother's Birthplace <u>Hagerford, Md.</u>			
Name of person giving information <u>John Best Miller</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>93</u>	<u>Three months</u>
Immediate	<u>Acute Lobar Pneumonia</u>	How long		<u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. W. Lyle, M.D.</u>		
Yes		Address <u>Carlston, Md.</u>		
<u>X</u>				
Accident or Suicide?				





Name  
in  
Full

Carrie Ann. Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>14</i>	Years <i>1</i>	Age	Months <i>2</i>	Days <i>—</i>			
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Md.</i>						
Married, Single or Widowed <i>single</i>		Occupation <i>None</i>							
Name of Wife or Husband <i>—</i>									
Father's Name <i>Charles Miller</i>					Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary E Ocmortz</i>					Mother's Birthplace <i>Germany</i>				
Name of person giving In formation <i>Charles Miller</i>					How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro Enteritis</i>	<i>105</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Chas. H. Hiley</i>
		Address <i>2 Hudson St.</i>
Accident or Suicide?		

Mount Carmel Cemetery

March 16<sup>th</sup> 1903

Germanus France

Undertaker

Name  
in  
Full

Delia A. Morrison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>3</u>	Day <u>3</u>	Age <u>93</u> <sup>Years</sup>	Months <u>    </u>	Days <u>    </u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>none</u>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>old age</u>	How long	<u>154</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Chas. A. [unclear]</u>	
		Address <u>114 [unclear]</u>	
Accident or Suicide?			

Dr William  
Wm. Carmichael  
Mar 5. 1903  
H Sanden Sons.

Name  
in  
FullGladys. Holton Morseburger  
Baltimore

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190

3

Month

Mar

Day

14

Age

Years

Months

Days

one

Sex

Female

Color or  
Race

white

Birth-  
place

Baltimore

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Edward W. Morseburger

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Mary Jane Ceehey

Mother's  
Birthplace

Howard Co Md

Name of person giving  
Information

E. W. Morseburger

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Asthma

How long

151

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

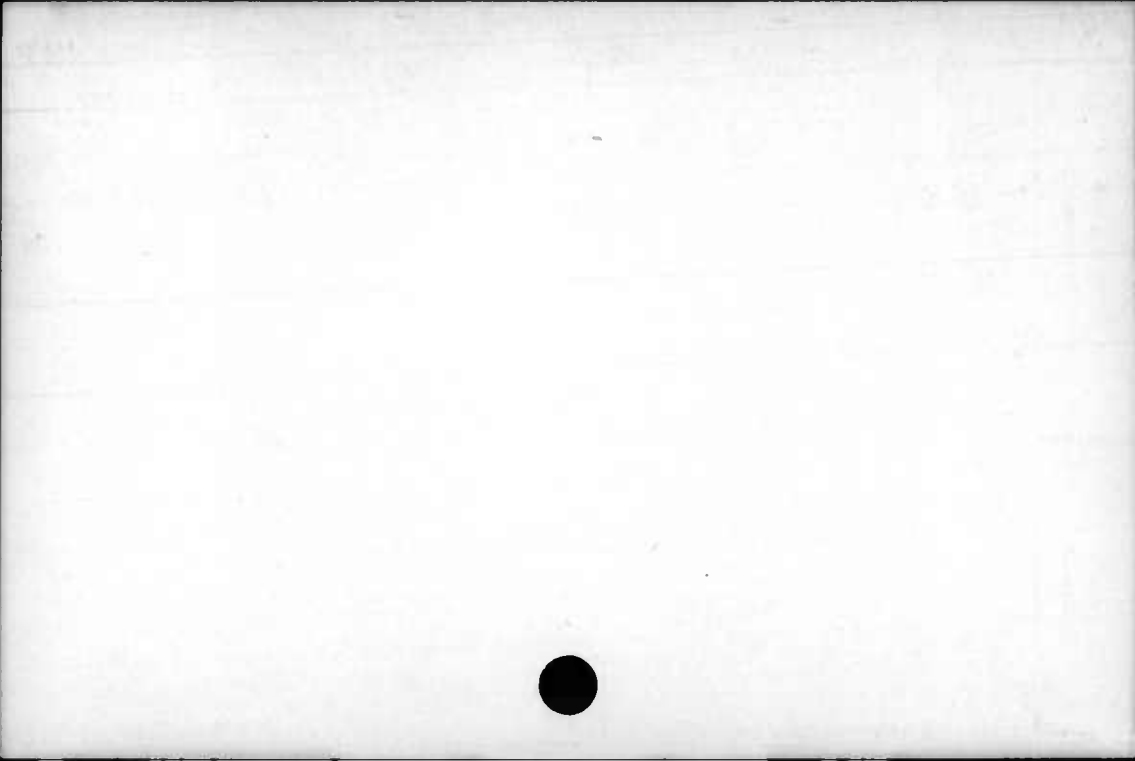
Dr G. L. Maffelatt

Address

Baltimore Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph M. Mulley  
 Died at *Staggs Orphanage* *Calif.*

MARYLAND

Date of death 1903 *March* Month *1* Day *58* Years  
 Sex *Male* Color or Race *White* Birth-place *N. Carolina*  
 Married, Single or Widowed ☒ *Single* Occupation *Salesman*  
 Name of Wife or Husband  
 Father's Name Father's Birthplace  
 Mother's Maiden Name Mother's Birthplace  
 Name of person giving Information *120* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Interstitial Nephritis* How long  
 Immediate *Nephritis* How long  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *J. M. Ryan M.D.*  
 Address *Staggs Orphanage*  
 Accident or Suicide? *No*

Henry W. Jenkins, Esq.

—  
Place of Burial  
London Park



Name in Full

Certificate of Death

Sarah C. Mullenberg

Died at <sup>Town</sup> Baldwin <sup>County</sup> Baltimore

MARYLAND

Date 1903 March 28 Age 30-4 — Native of Ind Occupation Housewife

~~Male~~  
FemaleWhite  
~~Colored~~Married  
~~Single~~~~Widow~~  
~~Widower~~~~Divorced~~

Number of children living 2

Husband of John H. Mullenberg

Wife  
Father's Name H. C. Allen Mother's Maiden Name Amanda BarnesCause of Death { Primary Consumption 27 Immediate  
How long sick 18 months  
Accident, Suicide, HomicideReported by Dr. S. Green M.D.  
Address Esitings Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Stilts <sup>own</sup>Baltimore <sup>own</sup>

MARYLAND

Date

Month

Day

Months

Days

of death 1903

March

18

5

9

Sex

Female

Color or  
Race

White

Birth-  
place

Stilts

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Lewis Myers

Father's  
Birthplace

Balto Co

Mother's  
Maiden Name

Catherine Fisher

Mother's  
Birthplace

Balto Co

Name of person giving  
In formation

Lewis Myers

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Ulceration of the bowels

How long

four weeks

Immediate

Brain Fever

105

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

C. R. Albaugh, Jr

Address

Glen Rock, Pa.

Accident or Suicide?

Bury at Stiltz

Sat. 2/1903

Geo L Hartenstein  
Undertaker

and to Dr. Baldwin  
Freeland

R. F. D No. 1. Md.

Name in Full *John Wilson*  
 Town *Harveir* County *Beth*  
 Died at *Harveir* *Beth* MARYLAND  
 Date 19 *03* Month *3* Day *12* Y. *84* M. *Known* D. *met* Native of *met* Occupation *Laborer*  
 Male *White* Married *Widow* Divorced *Number of children living one*  
 Female *Colored* Single *Widower*  
 Husband of *Annie Wilson*  
 Wife *Annie Wilson*  
 Father's Name *\_\_\_\_\_* Mother's Maiden Name *\_\_\_\_\_*  
 Cause of Death { Primary *old age* Immediate *struck by rail* How long sick *154* *6 mo*  
 Reported by *John Wilson Jr*  
 Address *Lowtherburg Md*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Calonsville</i> <sup>Town</sup>		<i>Balt</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>March</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	Age <i>34</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Instrument-maker</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>			How related to deceased <i>X</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paranoia</i>	How long <i>4 years</i>
Immediate <i>Chronic Interstitial Nephritis</i>	How long <i>4 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. H. H. H.</i>
	Address <i>Calonsville</i>
<i>8</i> Accident or Suicide? <i>No</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

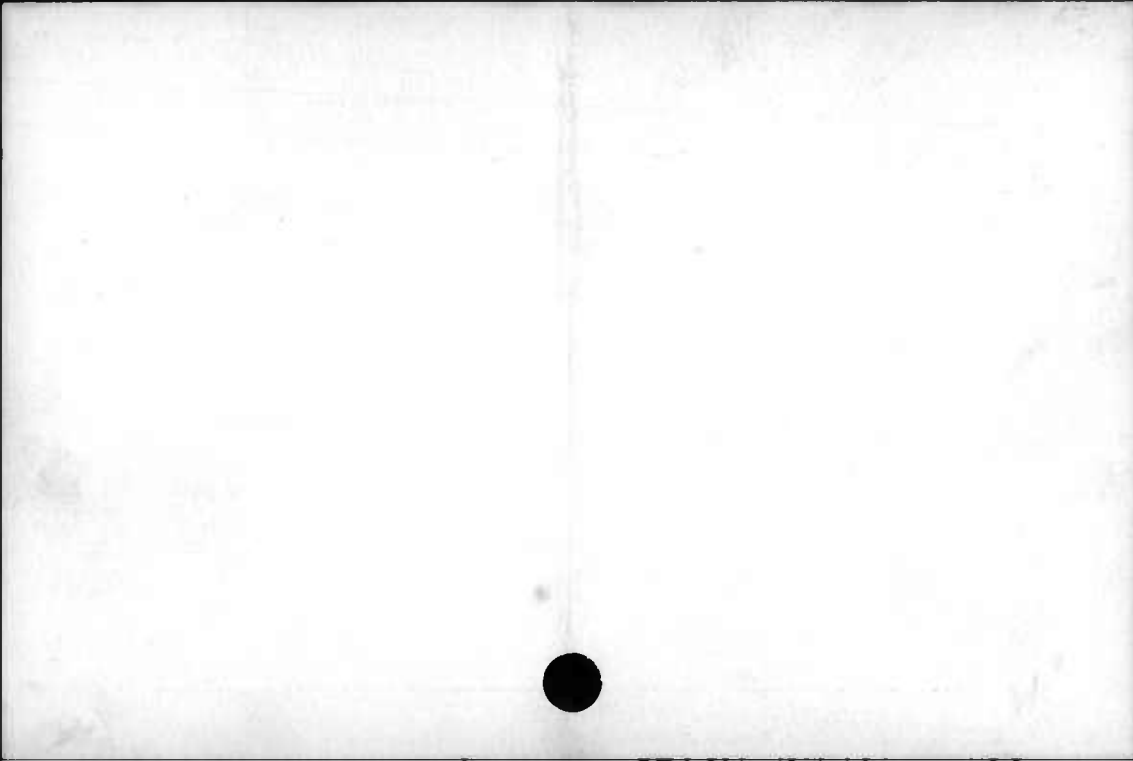
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Clara Nolan</i>		Town <i>Haguen's Santorum</i>		County <i>Dick</i>		MAYLAND	
Died at <i>Haguen's Santorum</i>		Month <i>3 March</i>		Day <i>25</i>		Years <i>19</i>	
Date of death 190 <i>3</i>		Months <i>March</i>		Days <i>25</i>		Age <i>19</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Waggon</i>		Occupation	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name		Father's Birthplace	
Mother's Maiden Name		Name of person giving information		Mother's Birthplace		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Regan M. D.</i>
Address <i>Haguen's Santorum</i>	
Accident or Suicide?	



Name  
in  
Full

Harry Pinkerton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highland Town		County Baltimore		MARYLAND	
Date of death 190	Month March	Day 27	Age 51	Years	Months 1	Days 6	
Sex male	Color or Race white		Birth- place Penna				
<del>Married, Single</del> or Widowed			Occupation Cigarmaker				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased 179			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Natural Causes	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John G. Mueller Cor	
		Address 216 O'Donnell St	
Accident or Suicide?			

J. Herwig & Son  
Lancaster, Penn.

Name in Full

Certificate of Death

Adam Trechtel  
 Died at Highlandtown Baltimore MARYLAND  
 Date 1891903 Month March Day 27<sup>th</sup> Y. 39 M. 9 D. 23 Native of Germany Occupation Butcher  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

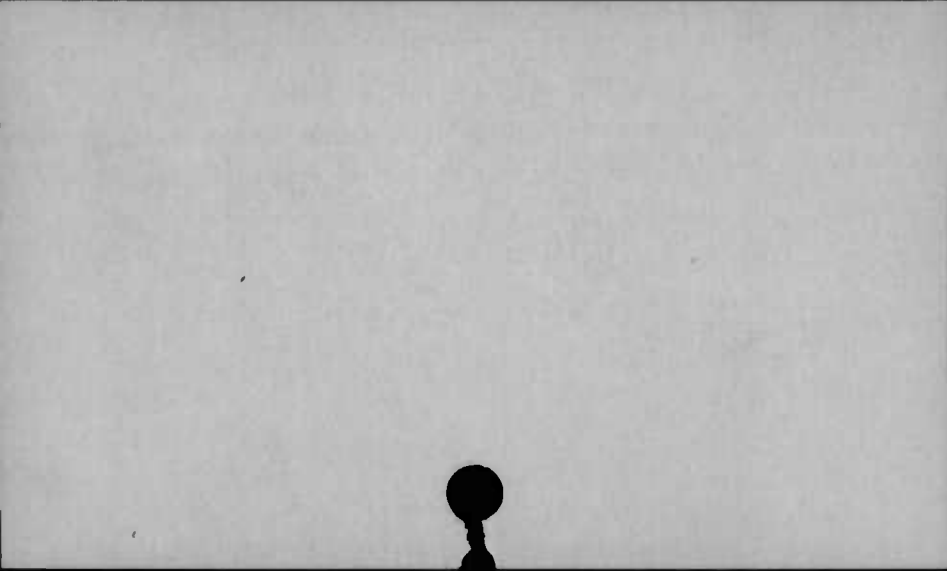
Husband of Gina Trechtel  
 Father's Name George Trechtel Mother's Name Carrie Trechtel

Cause of Death { Primary Pulmonary Tuberculosis How long sick 6 months  
 { Immediate Exhaustion

Reported by H. L. Rickard M.D.  
 Address 110 Canton St. Baltimore Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

Died at <sup>Town</sup> *Spenn's Point* <sup>County</sup> *Baets* MARYLAND

Date <sup>1918</sup> *March 25* Y. *1918* M. *March* D. *25* Native of \_\_\_\_\_ Occupation \_\_\_\_\_

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living \_\_\_\_\_

Husband  
of  
Wife

Father's Name *Marceline Bluckey* Mother's Name *Caroline Glarak*

Cause of Death { Primary *Stomach* Immediate *Stomach* } How long sick \_\_\_\_\_

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706





Name  
in  
Full

Elisabeth Reissland

## CERTIFICATE OF DEATH

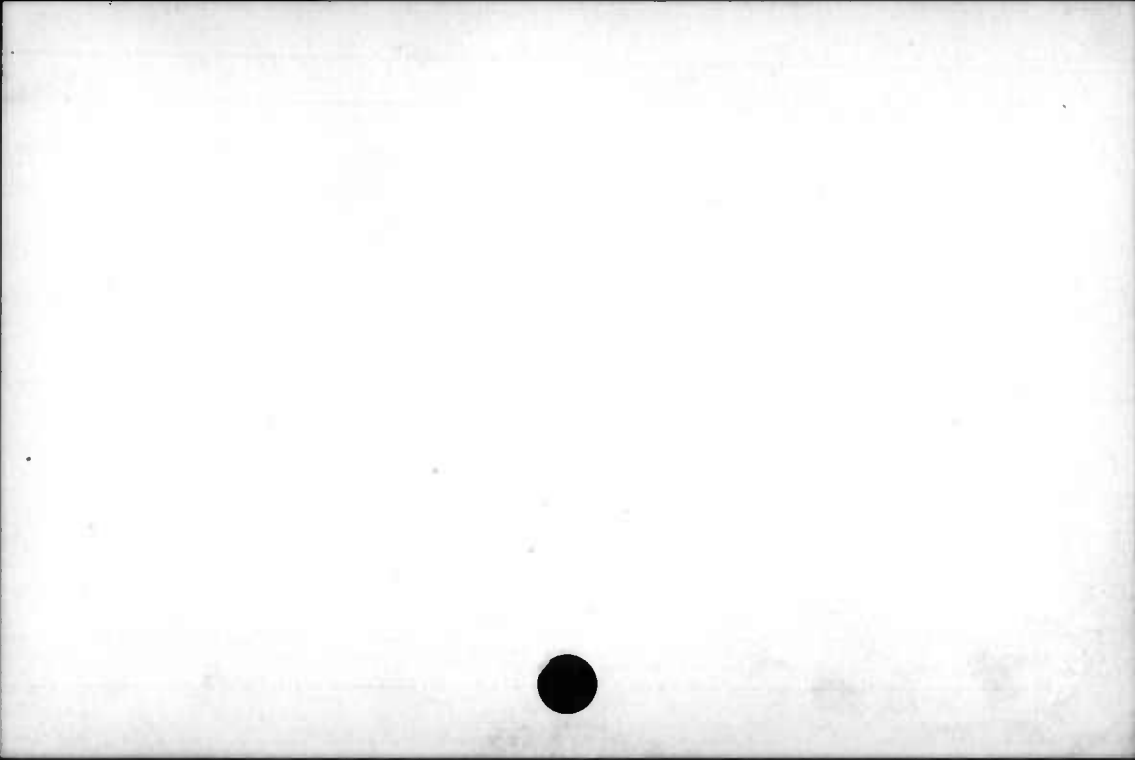
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lower Canton</i>		County <i>Balto</i>		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>31</i>	Years <i>59</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Kornsburg &amp;</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>Fred. Reissland</i>					
Father's Name <i>Joseph Gilet</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Ed. Reissland</i>			How related to deceased <i>Grandson</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>?</i>
Immediate <i>Uraemia</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. C. Robertson</i>
	Address <i>438 Lombard St. Highlandtown</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Chas. H. Riedel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Banton</u> <sup>Town</sup>			<u>Balto.</u> <sup>County</sup>			MARYLAND		
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>3d</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>	Days <u>—</u>		
Sex <u>Male</u>		Color or Race <u>White</u>		Birth- place <u>Md.</u>				
Married, Single or Widowed <u>—</u>				Occupation <u>—</u>				
Name of Wife or Husband <u>—</u>								
Father's Name <u>Frederick Riedel</u>				Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Jennie Clark</u>				Mother's Birthplace <u>"</u>				
Name of person giving in formation <u>Mrs. Jennie Riedel</u>				How related to deceased <u>Mother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>marasmus</u>	How long <u>3 months</u>
Immediate <u>Exhaustion</u>	How long <u>last summer</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Schwathkauf</u>
	Address <u>2429 Fort Ave</u>
Accident or Suicide? <u>no</u>	<u>Girkler + Girkler, 1739 E. Eager St.</u>



Name  
in  
Full

Sarah Rosenthal

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

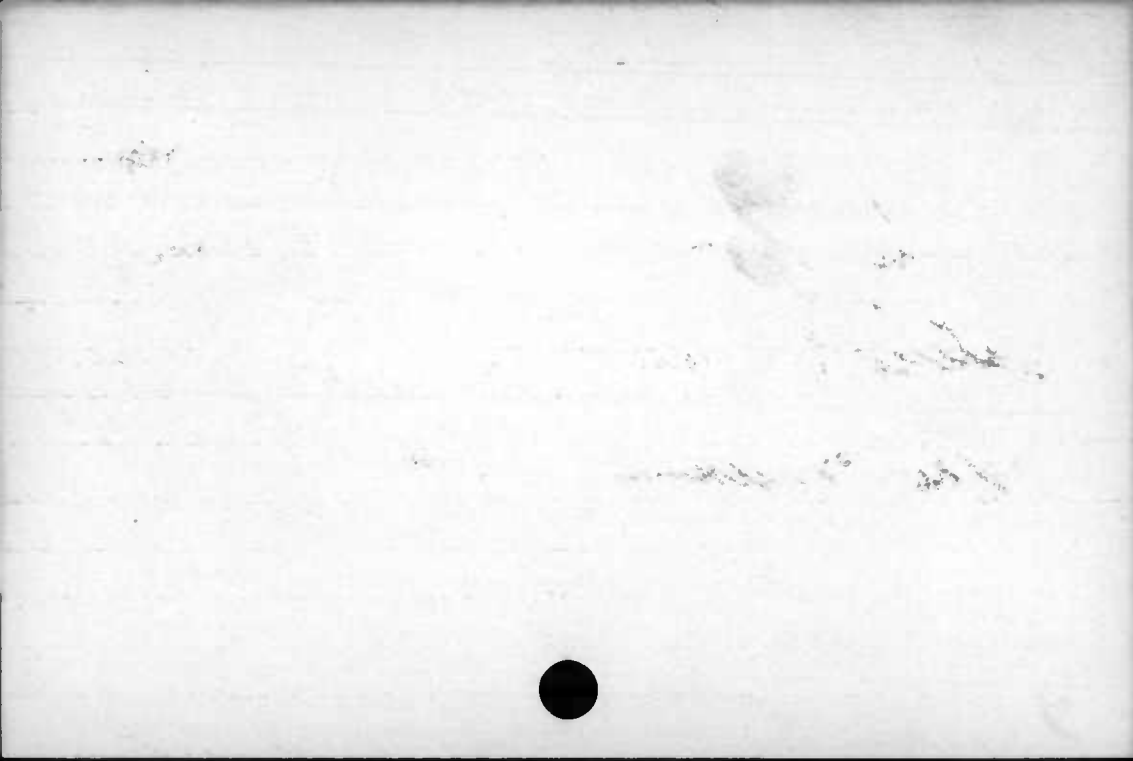
MARYLAND

Died at		Town		County			
Mrs Hope Retreat		Baltimore					
Date	Month	Day	Years	Months	Days		
of death 1903	3rd	7th	40				
Sex	Female		Color or Race	White		Birth-place	
Married, Single or Widowed		Single		Occupation			
				Housekeeper			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				Records of Mr Hope Retreat		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Melancholia	How long	Since Sept 92
Immediate	Exhaustion (Cardiac)	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank J. Flannery	
		Address	
		Mr Hope Retreat P,	
		Baltimore, Md.	
Accident or Suicide?			



Name in Full		Eliza Ruffian				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1903		Month	Day	Years	Months	Days
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						

J. H. Toolein.



Name  
in  
Full

## CERTIFICATE OF DEATH

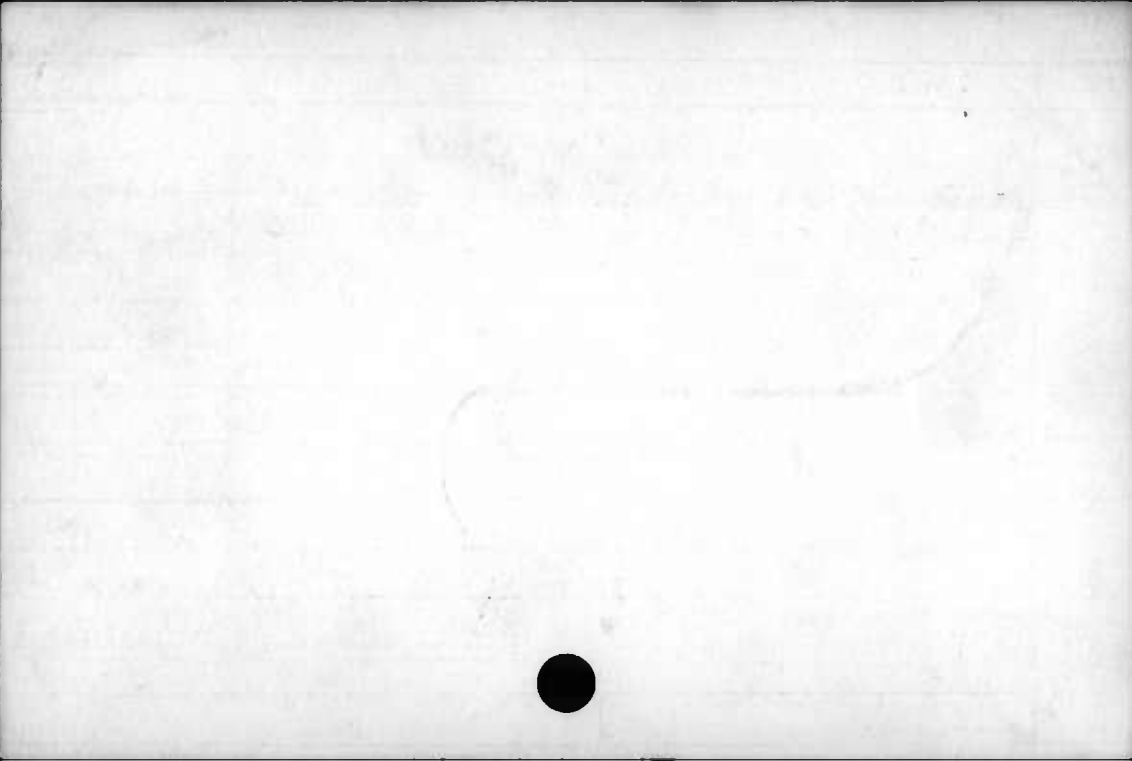
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Heights</i> <sup>Town</sup>		<i>Beth</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>20</i>	Age <i>73</i>	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>Gerard Sanders</i>					
Father's Name			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mrs. Heermans</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>	How long <i>1 month</i>
Immediate <i>Old Age</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Lammie</i>
	Address <i>304 Bank at Exp.</i>
Accident or Suicide?	



Name  
in  
Full

Charles Henry Savoy

## CERTIFICATE OF DEATH

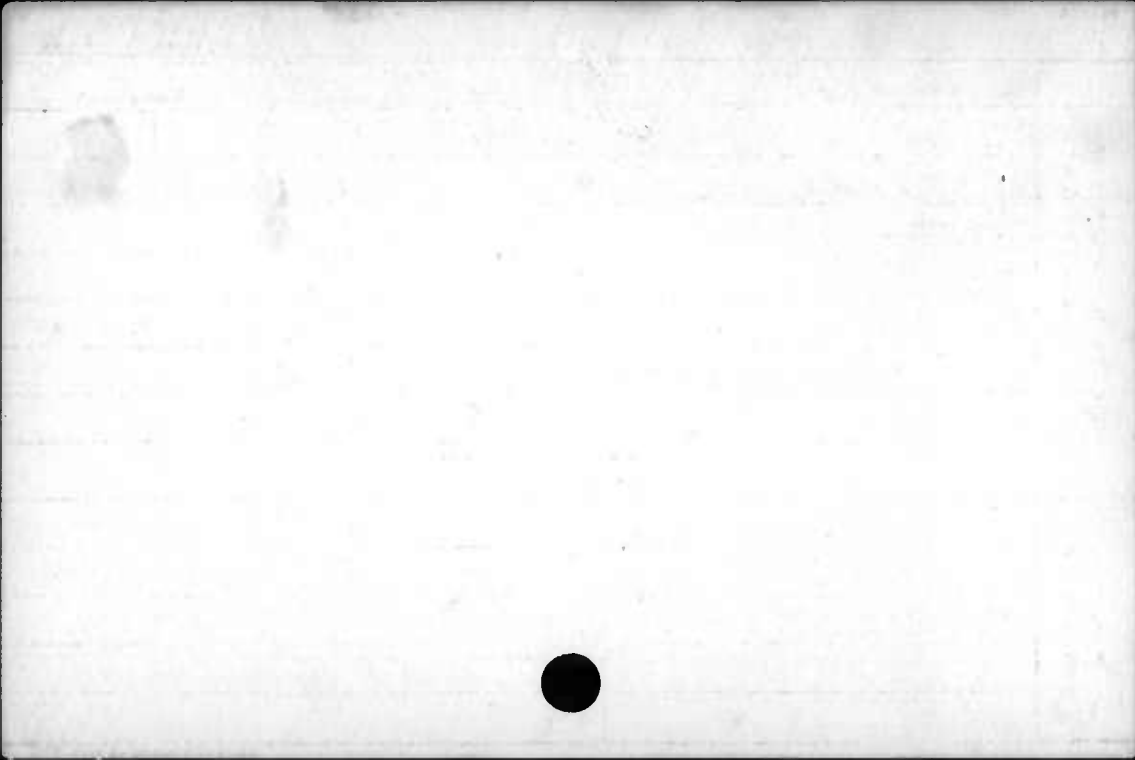
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis Road		<sup>County</sup> Balt		MARYLAND	
Date of death 1903	Month March	Day 25	Age 17	Months —	Days —
Sex Male	Color or Race Black	Birth-place Anna Arundel Co.			
Married, Single or Widowed		Occupation Farm Labourer			
Name of Wife or Husband					
Father's Name Louis Savoy			Father's Birthplace Anna Arundel Co.		
Mother's Maiden Name Maggie Bial			Mother's Birthplace Anna Arundel Co.		
Name of person giving information Arthur Savoy			How related to deceased Brother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Erysipelas — 18	How long
Immediate Febrile Albuminuria + 48 hours	How long 5 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Frank W. Rubel
	Address Landdowne, Md
Accident or Suicide?	



Name  
in  
Full

Charles Albert Schwieger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Highlandtown<sup>County</sup> Balto

MARYLAND

Date

of death 190

3

Month

Mch

Day

15

Age

Years

Months

4

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Highlandtown

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Albert Schwieger

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Annie Stitzig

Mother's  
Birthplace

"

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Meningitis

61

How long

Two weeks

Immediate

Heart Failure

How long

Two days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. C. Robertson  
438 Lombard St.

Accident or Suicide?

Trinity Cemetery  
H. Landers Sons.

Name  
in  
Full

Mary Seabrooke

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death 1903		Month Apr.	Day 21	Years 46	Months —		Days —
Sex female		Color or Race white		Birth- place Ireland			
Married, Single or Widowed Widow		Occupation Housework					
Name of Wife or Husband George Seabrooke							
Father's Name John Murray		Father's Birthplace Ireland					
Mother's Maiden Name Bridget Fahy		Mother's Birthplace Ireland					
Name of person giving information John Regan		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy	How long	17 days.
Immediate	Emator and Coma	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Jas. L. Truett M.D.	
Address		3 and Gough Highlandtown	
Accident or Suicide?		no	





Name  
in  
Full

Raymond Seubert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>7<sup>th</sup></i>	Age <i>3</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Thomas Seubert</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Ursula Heuslein</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Thomas Seubert</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Influenza</i>	How long <i>about 5 days</i>
Immediate <i>Cerebro Spinal Meningitis</i>	How long <i>7 1/2</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Schaefer M.D.</i>
	Address <i>1073 Canton St.</i>
Accident or Suicide? <i>no</i>	

St. Alphonsus Cemetery

March 10<sup>th</sup> 1903

Germanus France

Undertaker

Name in Full

Certificate of Death

Mrs Charlotte Mitchell Shipley

Town

County

Died at Cuckawills

Balto

MARYLAND

Date 1903 Mar 23

Age 64. 10. 5

Native of

Occupation

None

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widow

Number of children living 4

~~Husband~~

of

Vernon T Shipley

Wife

Father's

Name

Lewi T Primmitt

Mother's

Maiden Name

Mary M Shipley

Cause of

Primary

Softening of Brain

How long sick

3 weeks

Death

Immediate

Effusion - on acute softening

~~Accident, Suicide, Homicide~~

Reported by

Dr M B Benson

Address

Cuckawills

Balto. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79203



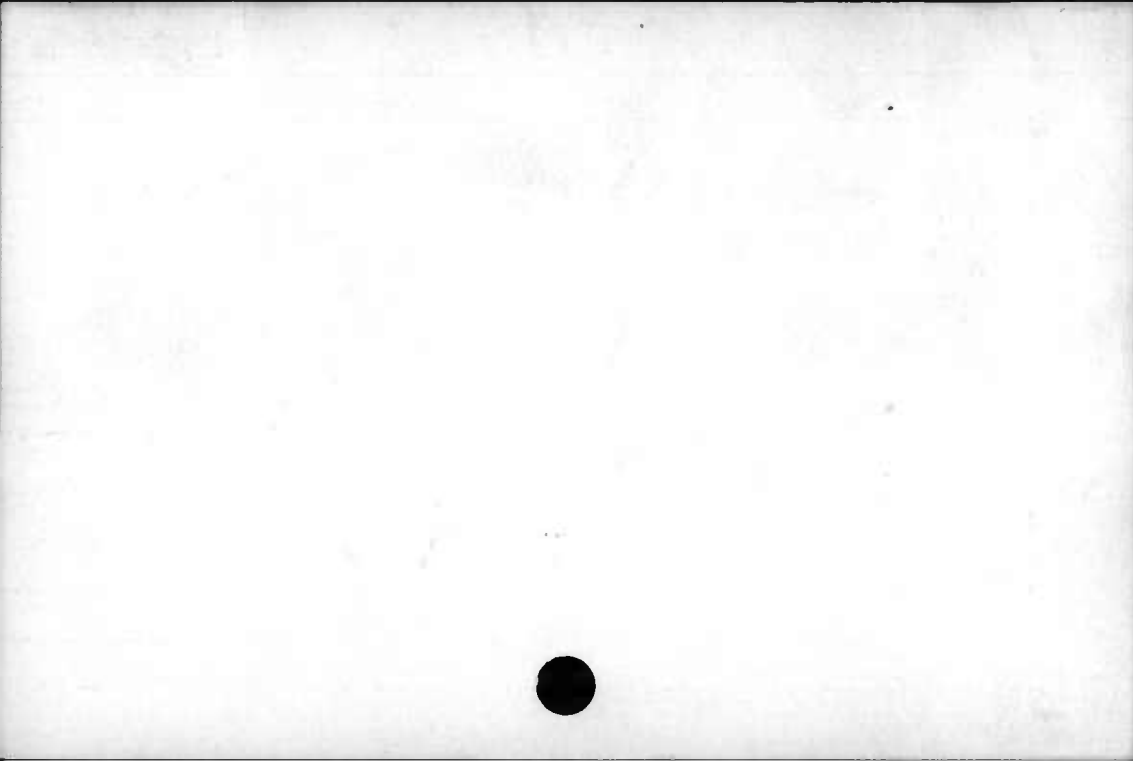
Name  
in  
Full38  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at		Kingsville		Baltimore			
Date		Month	Day	Years	Months	Days	
of death 190		3	March	18	Age	69	
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		Christian Sittig					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Franz Hartkopf				How related to deceased	
		Son-in-law					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Rheumatism		How long	
Immediate		Angina Pectoris 47		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		12 hours	
Signature of Physician		E. W. Walker			
Address		W. Park Falls			
Accident or Suicide?					



Name  
in  
Full

*Ammanda Ellen Smith*

## CERTIFICATE OF DEATH

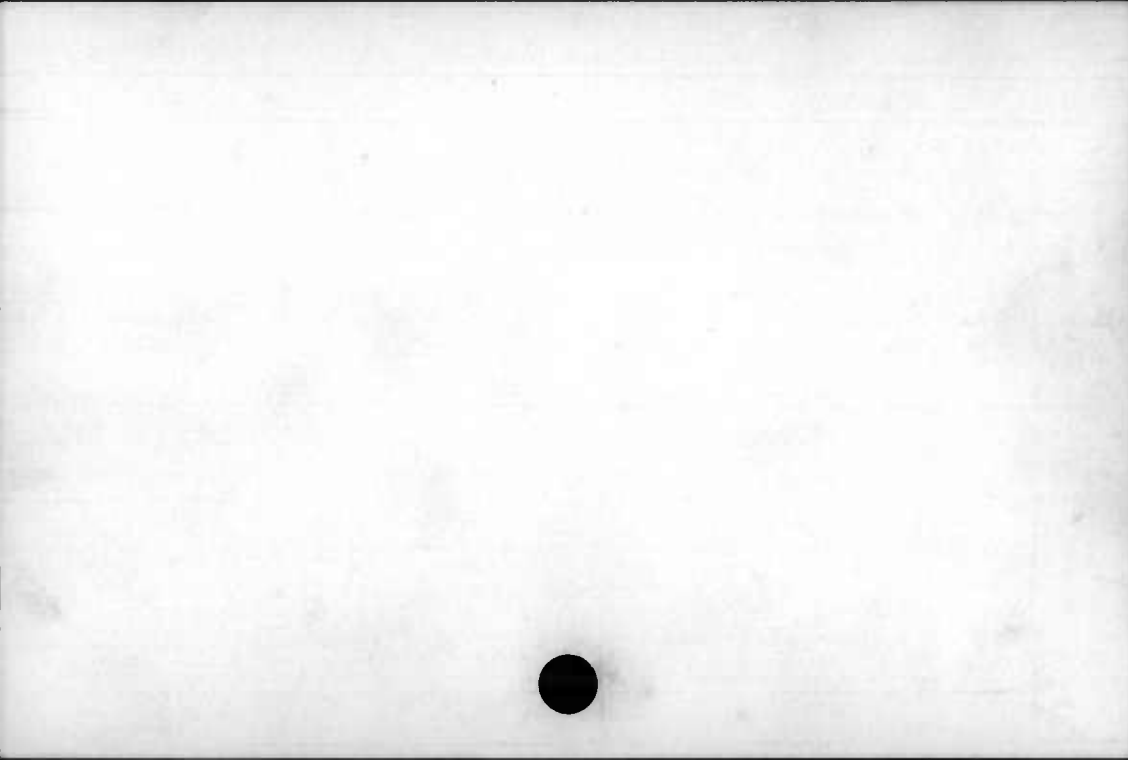
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Freeland</i> Town		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Mar.</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Freeland, Md.</i>	
Married, Single or Widowed <i>Infant</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward W. Smith</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Lillie M. Warner</i>			Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>Edward W. Smith</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

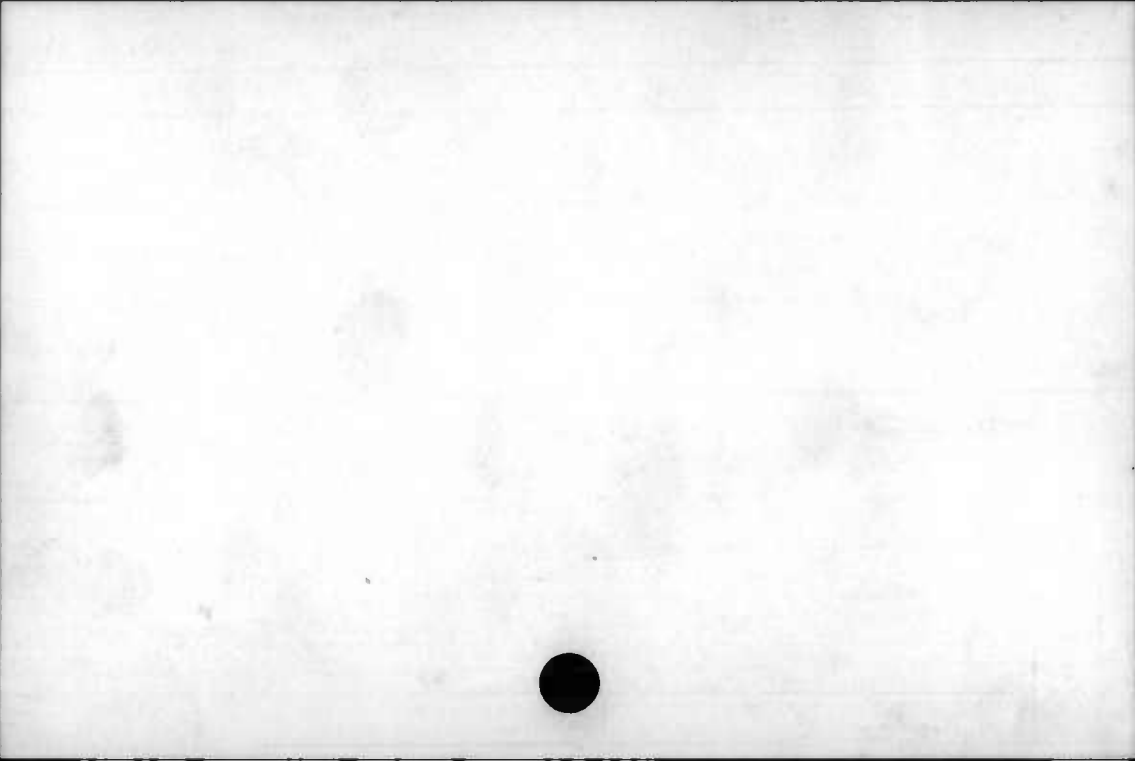
PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i> <i>93</i>	How long <i>3 day</i>
Immediate <i>Congestion of Lung</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Gas L. Eagle</i>
	Address <i>New Freedom, Pa.</i>
Accident or Suicide? <i>—</i>	





Name in Full <i>George Edward Smith</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Freedland</i> <small>Town</small>		<i>Balt.</i> <small>County</small>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>Mar.</i>	Day <i>18</i>	Age <i>1</i> Years	Months <i>11</i> Days <i>3</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penn.</i>	
	Married, Single or Widowed <i>Infant</i>		Occupation <i>—</i>		
	Name of Wife or Husband <i>—</i>				
	Father's Name <i>Edward W. Smith</i>		Father's Birthplace <i>Md.</i>		
	Mother's Maiden Name <i>Lillie May Warner</i>		Mother's Birthplace <i>Pa.</i>		
	Name of person giving information <i>Edward W. Smith</i>		How related to deceased <i>Father.</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>93</i>		<i>8 days</i>
	Immediate <i>Complicated Lung</i>		How long <i>2</i>		<i>"</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. L. Yagle</i>		
			Address <i>New Freedom Pa.</i>		
	Accident or Suicide? <i>—</i>				



Name  
In  
Full

unnamed Infant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Middle River</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Mar</i>	Day <i>3</i>	Age <i>—</i>	Months <i>—</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jerry Smith</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary Keener</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Jerry Smith</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Exhaustion</i>	How long	
Immediate	<i>151</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John W. Hamlin</i>
		Address	<i>Middle River MD</i>
Accident or Suicide?	<i>No</i>		



Name In Full

Certificate of Death

Edwin J. Snyder

Town

County

Died at

Randallstown

Balt

MARYLAND

Date

1913

Month

Day

3 10

Y.

M.

D.

Age

4 months

Native of

Balt Ma

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

William H. Snyder

Mother's

Name

Katie Lilham

Cause of

Primary

Convulsions

71

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

H J Hebl - MD

Address

Randallstown

hid

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908



Name  
in  
Full

Samuel Sommer's

## CERTIFICATE OF DEATH

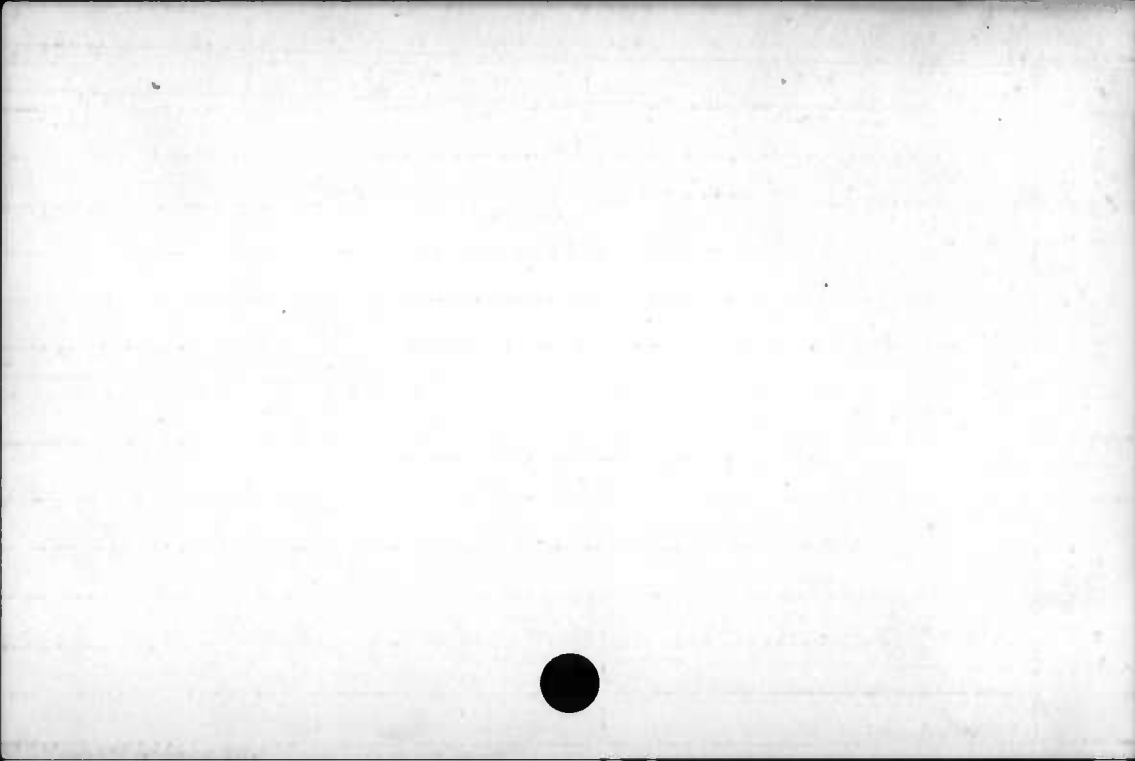
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westport</u> <sup>Town</sup>		<u>Balt</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u> <sup>Month</sup>	<u>3</u> <sup>Day</sup>	Age <u>70</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Pa</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Machinist</u>				
Name of Wife or <del>Husband</del> <u>Jane Sommer's</u>					
Father's Name <u>—</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Albert Sommers</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>172</u>	How long
Immediate <u>Drowning</u>		How long
Are the name, age, sex, color, date and place correctly given above?		
<u>Yes.</u>	Signature of <u>August W. Hillis - Coroner</u>	
	Address <u>M. Winans</u>	
	<u>Balt Co. Md</u>	
Accident or Suicide? <u>8</u>		





Name In Full

Certificate of Death

Samuel W. Starr

Died at 114 Woodlawn Road, Roland Park, MARYLAND

Date 19 03 Mar 31 | Age 74-7- | Native of Md | Occupation Gentleman

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~ | 4

Female | Colored | Single | Widower | Number of children living

Husband of Katharine A. Starr 92

Wife

Father's Name

Mother's Name Katharine Norton

Maiden Name

Cause of Death { Primary Broncho-Pneumonia, comp. by Ch. Bight

Death { Immediate Heart Exhaustion

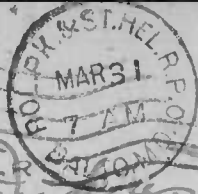
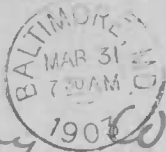
How long sick

Accident, Suicide, Homicide

Reported by Henry J. Cassidy M.D.

Address 9 Roland Park, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hurry

Dear Mr. [unclear]

Neward & [unclear] to  
and [unclear] City

144

Died at		Town <i>Alberton</i>		County <i>Baltimore</i>		MARYLAND		
Date <i>1903</i>		Month <i>Mc</i>	Day <i>1</i>	Y. <i>1903</i>	M. <i>1</i>	D. <i>1</i>	Native of <i> Md</i>	Occupation <i> </i>
Male		White		Married		Widow		<i> </i>
<del>Female</del>		<del>Colored</del>		Single		<del>Widower</del>		<del>Number of children living</del>
Husband of		<i> </i>						
Wife		<i> </i>						
Father's Name		<i>Mr. J. Stauffer</i>				Mother's Name <i>Annie Norton</i>		
Cause of		Primary <i>Not Known</i>					How long sick <i> </i>	
Death		Immediate <i>Dead in utero</i>					<i>(?)</i> Accident, Suicide, Homicide	
Reported by		<i>Dr. Wm. B. Gambrell</i>						
Address		<i>Alberton Howard Co., Md.</i>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Louis Steeg*

Died at *Hilandsbrook* County *Baltimore* MARYLAND

Date of death 1903 *March* *14th* Age *42* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Germany.*

Married, ~~Single~~ *Married* Occupation *Butcher*  
or Widowed

Name of Wife or Husband *Margaret*

Father's Name *—* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *Germany*

Name of person giving information *John Henry* How related to deceased *Under 100*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Hydroparicardium.* How long *2 yrs*

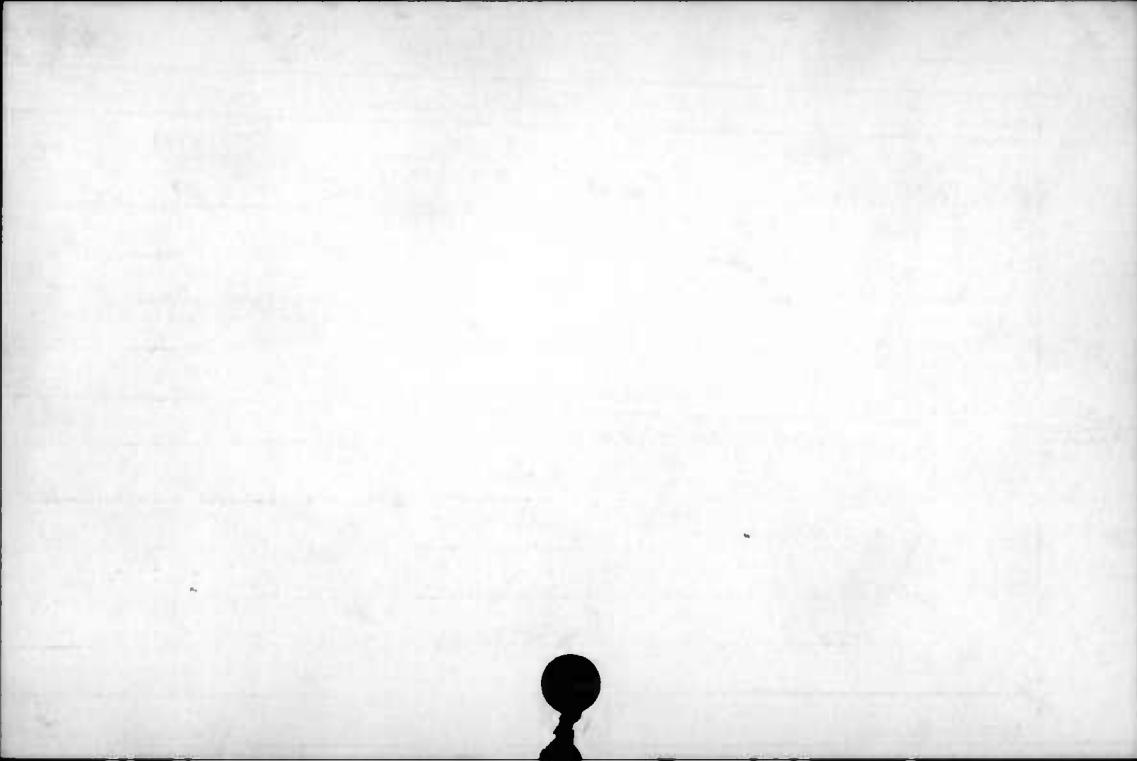
Immediate *Exhaustion.* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. L. Buddenbrook*

Address *718 S. Paco St*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James William Hampton Stobert*

Died at *Calonsville* Town *Baltimore* County MARYLAND

Date of death 190*3* Month *March* Day *18th* Age *70* Years Months *11* Days *27*

Sex *Male* Color or Race *White* Birth-place *England*

Married, Single or ~~Widowed~~ Occupation *Retired*

Name of Wife or Husband *Mrs Helen Stobert*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *James H. Stobert* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Hypertension & Pneumonia* How long *Been unwell for*

Immediate *Exhaustion* 92 How long *Health for years*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Alfred J. Munday, M.D.*

Address *"Kithor," Calonsville*

Accident or Suicide? *No*

E M Mitchell  
1201 W Fayette St  
Bury at Loudan Park

March 20th - 1903



Name in Full

Certificate of Death

Nathan Stokes

Town

County

Died at Sparrows Point

Calto

MARYLAND

Date 1903 Mar 14

Age 30

Native of

Occupation

Laborer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary

Death Immediate

Heart failure

How long sick

Dropped dead

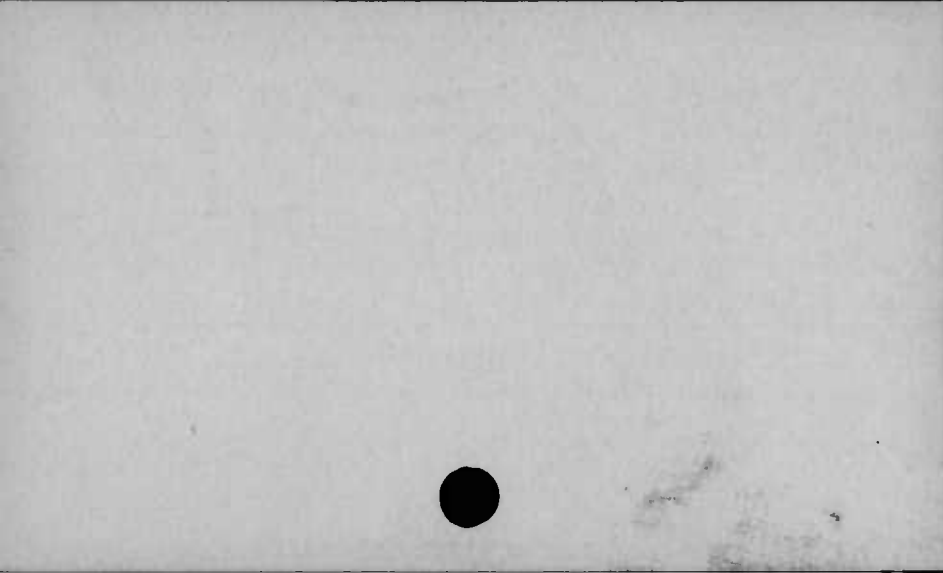
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Catoonsville</i>		County <i>Calto</i>		MARYLAND	
Date of death	1903	Month <i>Mar</i>	Day <i>5</i>	Age	Years <i>116</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Bryantown Md</i>
Married, Single or Widowed				Occupation <i>None</i>			
Name of Wife or Husband				<i>No Residence</i>			
Father's Name				<i>John C. Thompson</i>			
Mother's Maiden Name				Father's Birthplace <i>Charles County</i>			
Name of person giving Information				Mother's Birthplace <i>" "</i>			
				How related to deceased			
				<i>Undertaker</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Whiteley</i>
		Address	<i>Catoonsville Md</i>
Accident or Suicide?			



Name  
in  
Full

Henry Threin

## CERTIFICATE OF DEATH

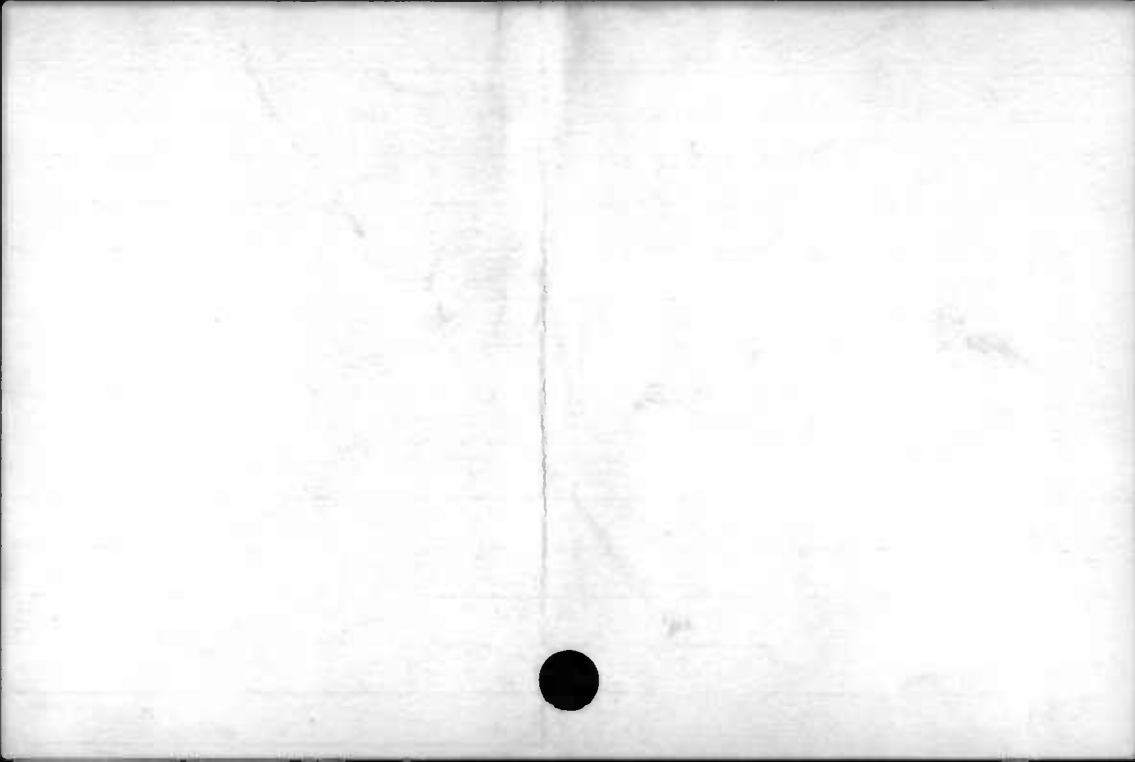
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>March</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>63</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Widower</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Fether's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Adam Weining</i>			How related to deceased <i>Son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma Rectum</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. N. Atkey</i>
	Address <i>2 Hudson St</i>
Accident or Suicide?	



Name  
in  
Full

Elton Timanus

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lowhattan</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>27th</i>	Years <i>72</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Lowhattan</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>—</i>				
Name of Wife or Husband <i>Janie Timanus</i>					
Father's Name <i>Wm Jacob Timanus</i>			Father's Birthplace <i>Kochdoole</i>		
Mother's Maiden Name <i>Margaret Mansfield</i>			Mother's Birthplace <i>Cecil County</i>		
Name of person giving information <i>Suther Timanus</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Suppression of Urine</i>	How long <i>2 days</i>
Immediate <i>Acute Nephritis</i>	How long <i>119</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Lowhattan</i>
Accident or Suicide? <i>—</i>	<i>Inst.</i>

Mt Olive Conn.

Rockdale Bldg Co.

Ind



Name  
in  
Full

Elenore Virginia Torsell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Calumet		Ball		MARYLAND	
Date of death 190	3	Month Mar	Day 23	Age	Years	Months 3	Days
Sex	Female		Color or Race	Caucasian		Birth- place	Calumet
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Joseph. A. Torsell			
Mother's Maiden Name				Rebecca V. Jackson			
Name of person giving In formation				J. A. Torsell			
				Father's Birthplace			
				Mother's Birthplace			
				How related to deceased			
				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia 93		How long	4 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. L. Wallfield	
		Address	Calumet Md	
Accident or Suicide?				



Name  
in  
Full

Annia P. Tudor

## CERTIFICATE OF DEATH

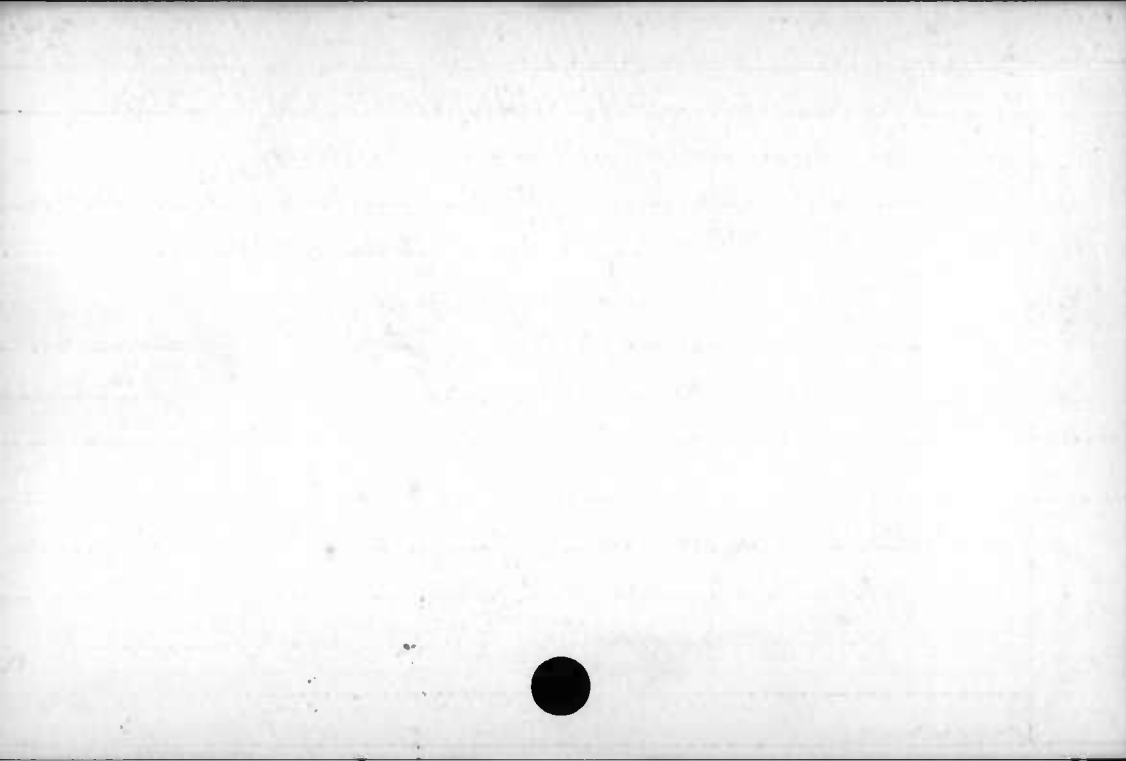
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lutherville</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>22</u>	Age <u>64</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>la</u>		
Married, <del>Single</del> <del>or Widowed</del>			Occupation <u>housewife</u>		
Name of <del>Wife</del> Husband <u>Geo. R. Tudor</u>					
Father's Name <u>Jelly R. Hise</u>				Father's Birthplace <u>la</u>	
Mother's Maiden Name <u>Lisinda Hise</u>				Mother's Birthplace <u>la</u>	
Name of person giving Information <u>husband</u>				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>valvular heart disease</u>	How long <u>5-6 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>79</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>M. P. Atkins</u>
	Address <u>305 W. Greene St</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

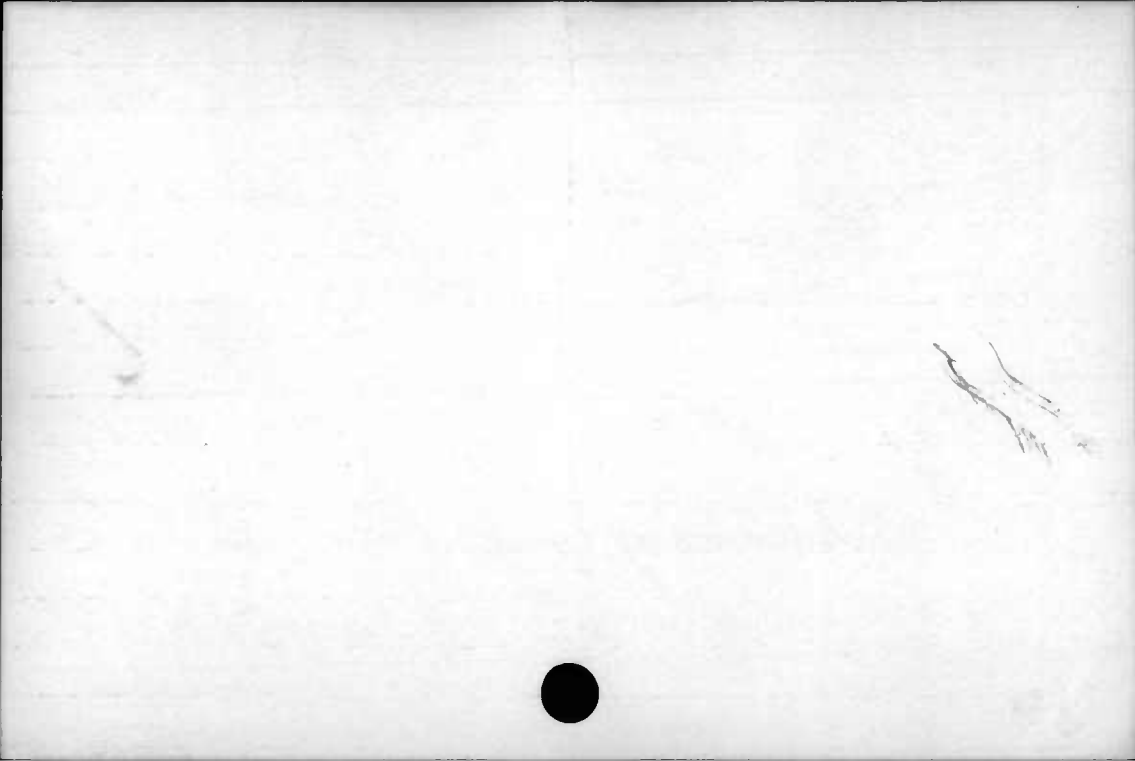
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Yeoho</i> Town		<i>Paeo</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>3</i> Day	Age	<i>74</i> Years	Months Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Paeo Co. Md.</i>
Married, Single or Widowed	<i>Married</i>		Occupation	<i>Farmer</i>	
Name of Wife or Husband	<i>Frances Turubough</i>				
Father's Name	<i>Jacob Turubough</i>			Father's Birthplace	<i>Paeo Co. Md.</i>
Mother's Maiden Name	<i>Murio Parsingham</i>			Mother's Birthplace	<i>Paeo Co. Md.</i>
Name of person giving information	<i>J. Walter Turubough</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Arterial Degeneration</i>	How long	<i>Two. three years.</i>
Immediate	<i>Paralysis due to Cerebral Degeneration</i>	How long	<i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. P. Mitchell</i>
		Address	<i>Norfolk, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Eliza VanSchaick

## CERTIFICATE OF DEATH

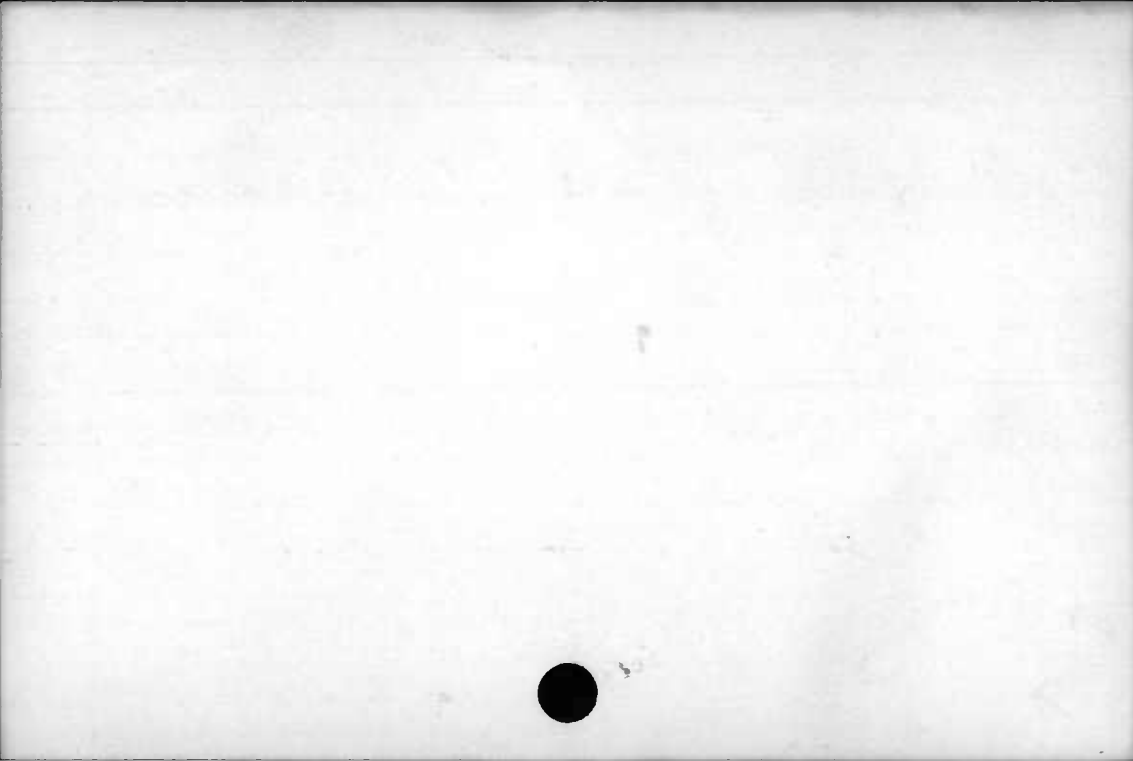
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Catoonsville		County Walton		MARYLAND	
Date of death 1903	Month 3	Day 6	Age	Years 91	Months 3	Days	
Sex Female	Color or Race White		Birth- place Athens N.Y.				
Married, Single or Widowed Widow			Occupation —				
Name <del>of wife</del> Husband Isaac W. VanSchaick							
Father's Name —			Father's Birthplace —				
Mother's Maiden Name —			Mother's Birthplace —				
Name of person giving Information Niece 95			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary congestion	How long	2 weeks
Immediate	Coma	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Stutth U.D.
		Address	Catoonsville Md.
Accident or Suicide?			





Name  
in  
Full

Eliza Van Schaack

## CERTIFICATE OF DEATH

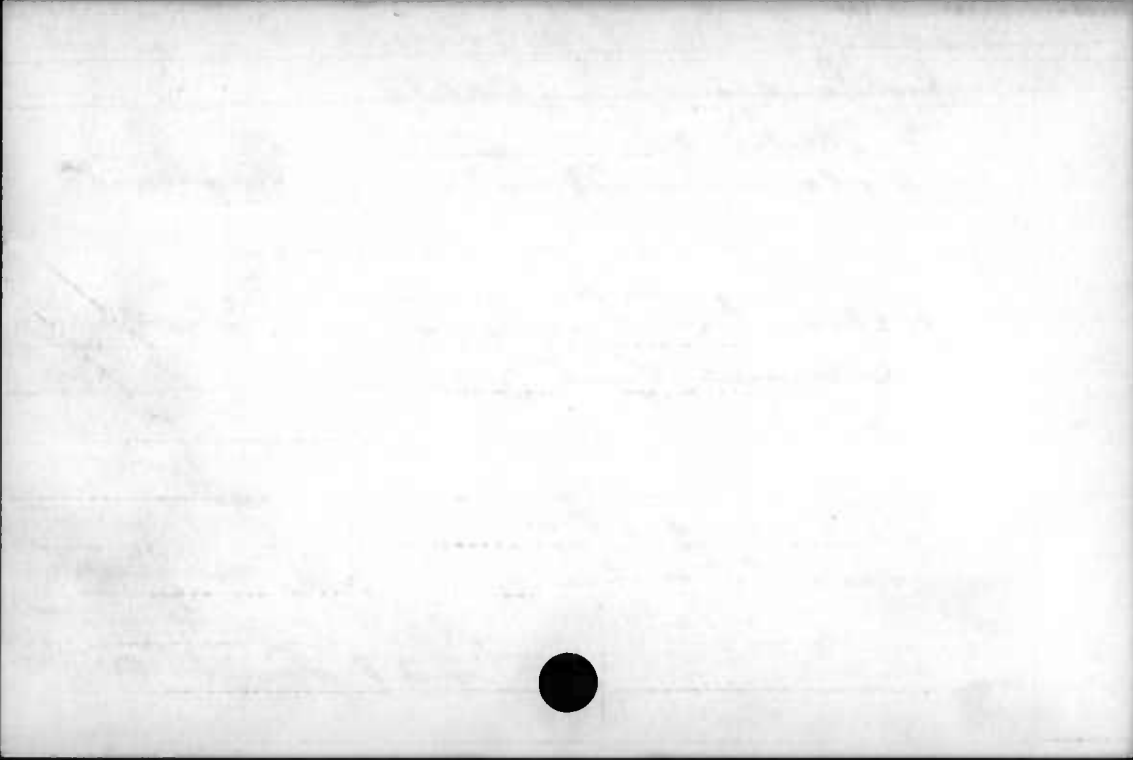
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Carlonsville</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Mar</i>	Day <i>5</i>	Age <i>81</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Athens Ky</i>			
Married, Single or Widowed <i>Widow</i>	Occupation				
Name of Wife or Husband <i>Isaac W. Van Schaick</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace		
Name of person giving information <i>95</i>			How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Congestion</i>	How long <i>2 weeks</i>
Immediate <i>Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. M. Stultz</i>
	Address <i>Carlonsville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Frederick Paul Wacker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Catonsville* <sup>County</sup> *Baltimore* <sup>State</sup> *MARYLAND*

Date of death 1903 <sup>Month</sup> *March* <sup>Day</sup> *23* <sup>Years</sup> *4* <sup>Months</sup> *5* <sup>Days</sup> *2*

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Married, Single or Widowed \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name *Charles Wacker* Father's Birthplace *Germany*

Mother's Maiden Name *Lucia L. Wacker* Mother's Birthplace *Philad Pa*

Name of person giving Information *Victor G. Blocke* How related to deceased *Not related*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *meningitis* *61* How long *2 weeks*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*W D Blocke**208 W Monument st*

Accident or Suicide?

Henry M. Jackson & Sons  
place of burial London Part 10

Name  
in  
Full

Harry W. Wade

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Lonsdowne* Town*Balt Co* County

MARYLAND

Date of death 190 *3* Month *March*Day *7* Age *4* YearsMonths *10*Days *13*Sex *male*Color or Race *White-*Birth-place *Balt Co. Md*Married, Single  
or Widowed*Child* OccupationName of Wife or  
HusbandFather's  
Name*Harry A. Wade*Father's  
Birthplace*Balt Co.*Mother's  
Maiden Name*Carrie M. Dogge*Mother's  
Birthplace*Balt Co*Name of person giving  
In formation*Carrie M. Wade*How related  
to deceased*Mother*

## CAUSES OF DEATH

Primary

*Measles*

How long

*6*

Immediate

*Mumps & Exhaustion*

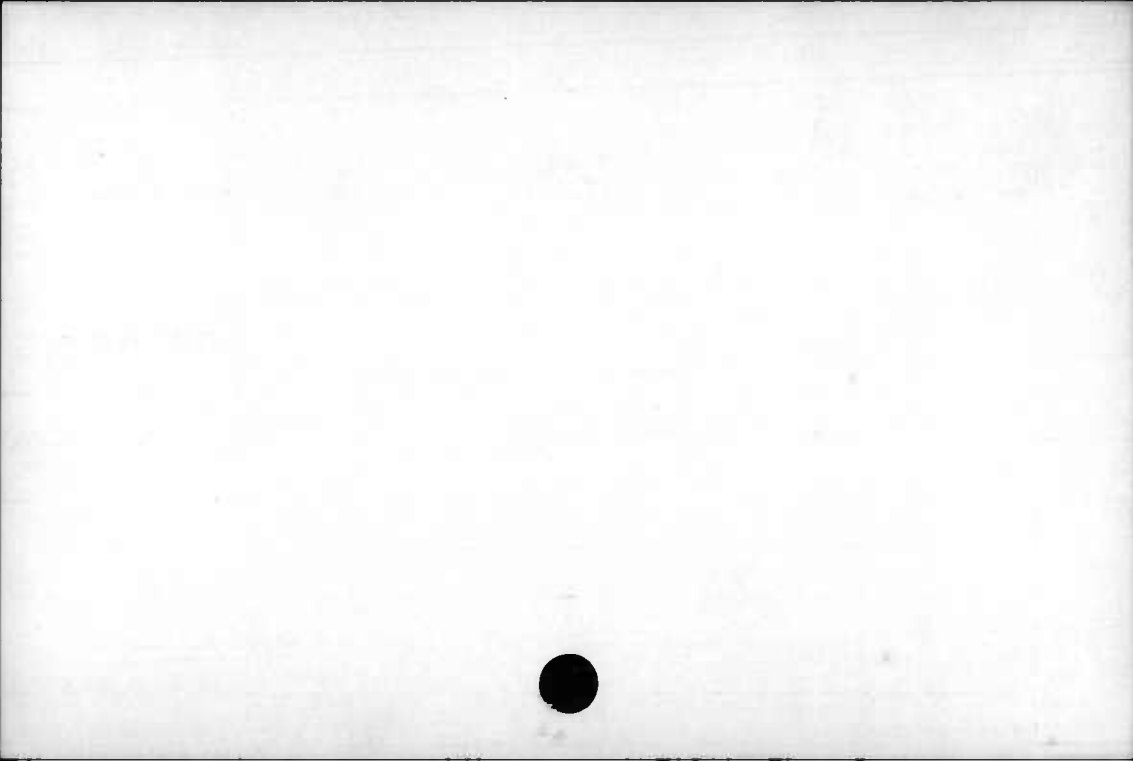
How long

*15 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Frank H. Ruhl*

Address

*Lonsdowne, Md*

Accident or Suicide?



Name in Full		Helen Wagner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1900		Month	Day	Years	Months	Days
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		

Undertaker

M. J. Sadowicki,

703 S. Ann St

Place of Burial

Holy Rosary.



Name in Full		Verlene Sedonia Waters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Catonsville		County Harris		MARYLAND	
		Date of death 1903	Month 3	Day 29	Age Years	Months 6	Days 1
		Sex Female	Color or Race Colored		Birth- place Ind.		
		Married, Single or Widowed —		Occupation —			
		Name of Wife or Husband —					
		Father's Name Charles Waters			Father's Birthplace —		
		Mother's Maiden Name Florence D. Lyon			Mother's Birthplace Howard Co.		
Name of person giving information Grandmother		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary		Strangulated Hernia		How long 108	
		Immediate		Canineous		How long —	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician D. L. Stutz Esq.	
		Address Catonsville Ind.					
Accident or Suicide?							



Name  
in  
Full

Christian Weber

CERTIFICATE OF DEATH

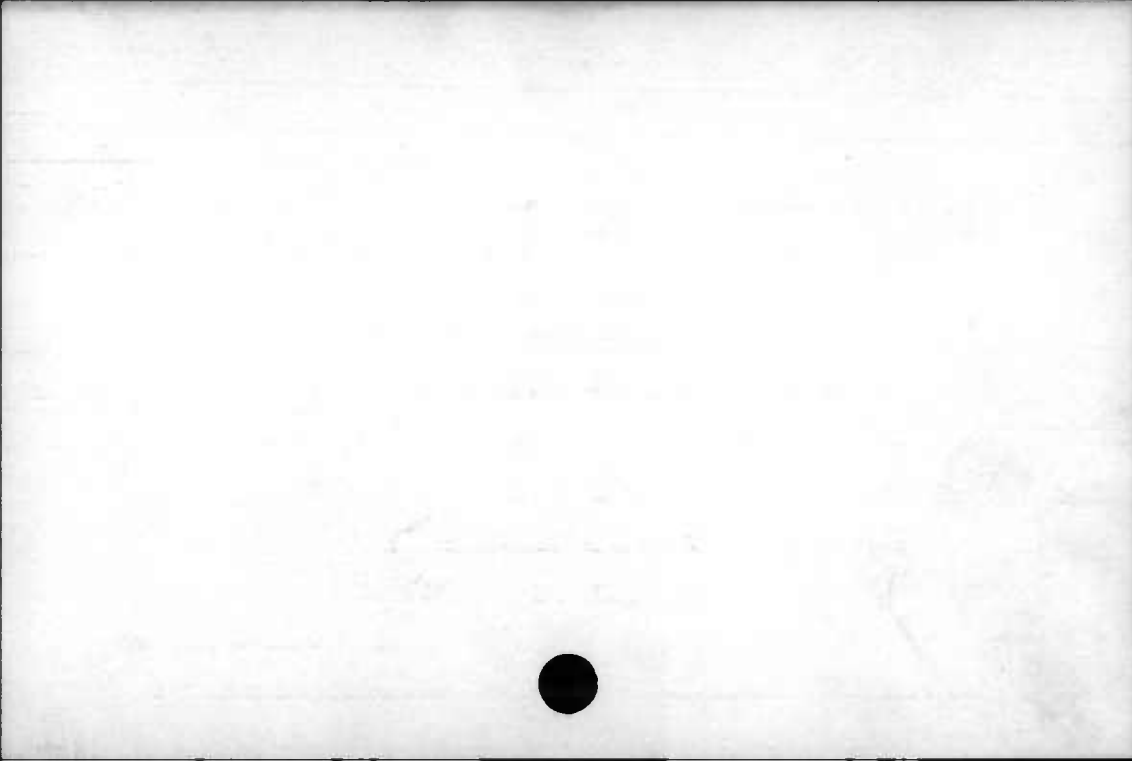
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		432nd Pleasant Ave		Baltimore		County		MARYLAND	
Date of death 1903		3/13		13		Age 27		Months 11 Days 4	
Sex Male		Color or Race White		Birth-place Germany					
<del>Married, Single or Widowed</del> Single		Occupation Fireman							
Name of Wife or Husband		none							
Father's Name		Jacob Weber				Father's Birthplace		Germany	
Mother's Maiden Name		dont know				Mother's Birthplace		Germany	
Name of person giving information		John H Otto				How related to deceased		friend	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Phthisis Pulmonalis 27		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Bernhard Vogel	
Y		Address 522 Pearl St			
Accident or Suicide?					



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Phoenix</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>16</i>	Age <i>7</i> Years	Months <i>1</i>	Days <i>21</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>House Keeper</i>			
Name of Wife or Husband					
Father's Name <i>Wm. Wheekley</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Louisa Wheekley</i>			How related to deceased <i>Daughter in Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Progressive Paralysis</i>	How long <i>Not known</i>
Immediate <i>Suppression of Urine</i>	How long <i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. A. Thompson</i>
	Address <i>Phoenix - Ind.</i>
Accident or Suicide?	

2

Name in Full

Certificate of Death

Wm. S. D. Wilgis

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

March 21

Age — 16 —

Ind

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Estate~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Van Edw. Wilgis

Mother's

Maiden Name

Elizabeth Butler

Cause of

Primary

Measles

How long sick

2 weeks

Death

Immediate

Pneumonia

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

John Willey  
Canton

Town

County

Baets

MARYLAND

Date

of death 190

3

Month

3

Day

19

Age

Years

1 hour

Months

Days

Sex

Male

Color or  
Race

W

Birth-  
place

Baets - Co

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Chas L. Willey

Father's  
Birthplace

U.S.

Mother's  
Maiden NameMother's  
Birthplace

U.S.

Name of person giving  
In formation

Sister

151

How related  
to deceased

parents

## CAUSES OF DEATH

Primary

Breach presentation

How long

Immediate

Compression of Cord

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. Milnam

Address

Child breathes

111 1/2 Church Street

Accident or Suicide?

No 2 a few hours after birth

PHYSICIAN  
OR CORONER

Trinity Rev  
H Sanden & Sons

Name in Full

Certificate of Death

Bessie Williams

Town

County

Died at Mt Washington

Balt.

MARYLAND

Date 1903      Month 9      Day 3      Y.      M.      D.      Native of      Md      Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's Name Geo. R. William

Mother's Maiden Name Rose Barrett

Cause of Death { Primary Typhoid fever  
Immediate Exhaustion

How long sick  
5 weeks

Accident, Suicide, Homicide

Reported by C. H. Beeton M.D.

Address Mt Washington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To Buried at  
Poplar near  
Cockeysville Belts  
on March 5, 1903  
by me A. Weaver

Name  
in  
Full

## CERTIFICATE OF DEATH

Jeremiah Mitsu

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Lebanonville TownBaltimore CountyDate of death 190 3 March 14 DayAge 55 Years

Months

Days

Sex Male

Color or Race

White

Birth-place

Md

Married, Single or Widowed

Married

Occupation

X

Name of Wife or Husband

X

Father's Name

X

Father's Birthplace

X

Mother's Maiden Name

X

Mother's Birthplace

X

Name of person giving information

X

How related to deceased

X

## CAUSES OF DEATH

Primary

Sclerosis68

How long

28 years

Immediate

Cellulitis

How long

1 mo.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. P. R. Name  
Lebanonville

Accident or Suicide?

NoPHYSICIAN  
OR CORONER

W<sup>r</sup> J Tickner & Sons  
421 W. Camden St  
city

Loudon Park

Name in Full

Certificate of Death

Frank Wolf

Town

Canton

County

Baltimore

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1903

March 21<sup>st</sup>

Age

4

6

Maryland

None

Male

White

~~Marr~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John B. Wolf

Mother's

Name

Barbara Wolf

Cause of

Primary

Pseudo Membranous Cough 4 days

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

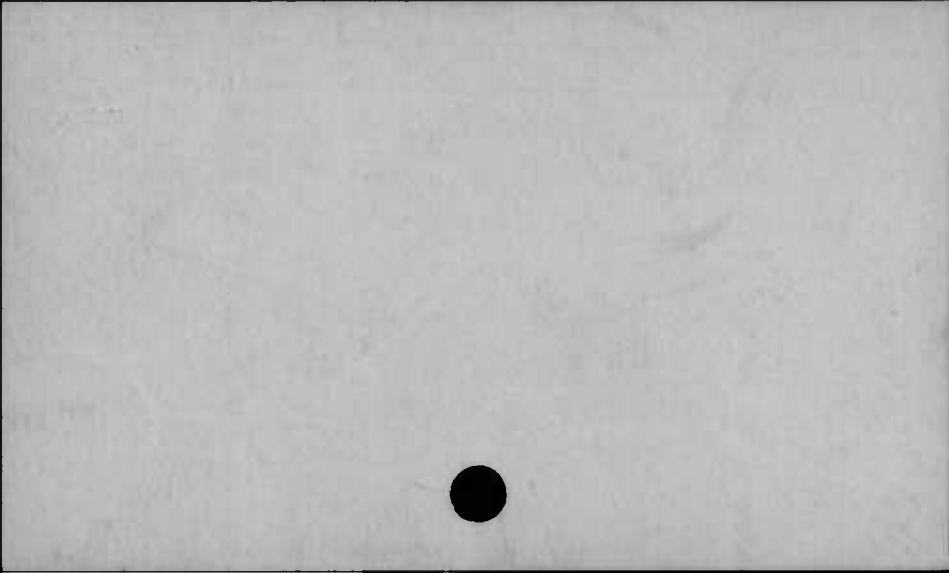
H. L. Reckard, M.D.

Address

910 Canton St  
Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Bertha Wolf  
 Town Canton County Balto

Died at

MARYLAND

Date 189

1903

Month

3

Day

31

Y.

41

M.

D.

Native of

Md

Occupation

House keeper

Male  
 Female

White  
 Colored

Married  
 Single

Widow  
 Widower

Divorced

Number of children living

Husband  
 of  
 Wife

Father's  
 Name

Mother's  
 Name

Cause of

Primary

Nephritis

Death

Immediate

Exhaustion

How long sick

120

Accident, Suicide, Homicide

Reported by

A. S. Warner

Address



1120 High Street  
 as

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Mt. Laramie

Apr. 3. 1903

K. Sanden Dorr

Name  
in  
Full

James D Wood

## CERTIFICATE OF DEATH

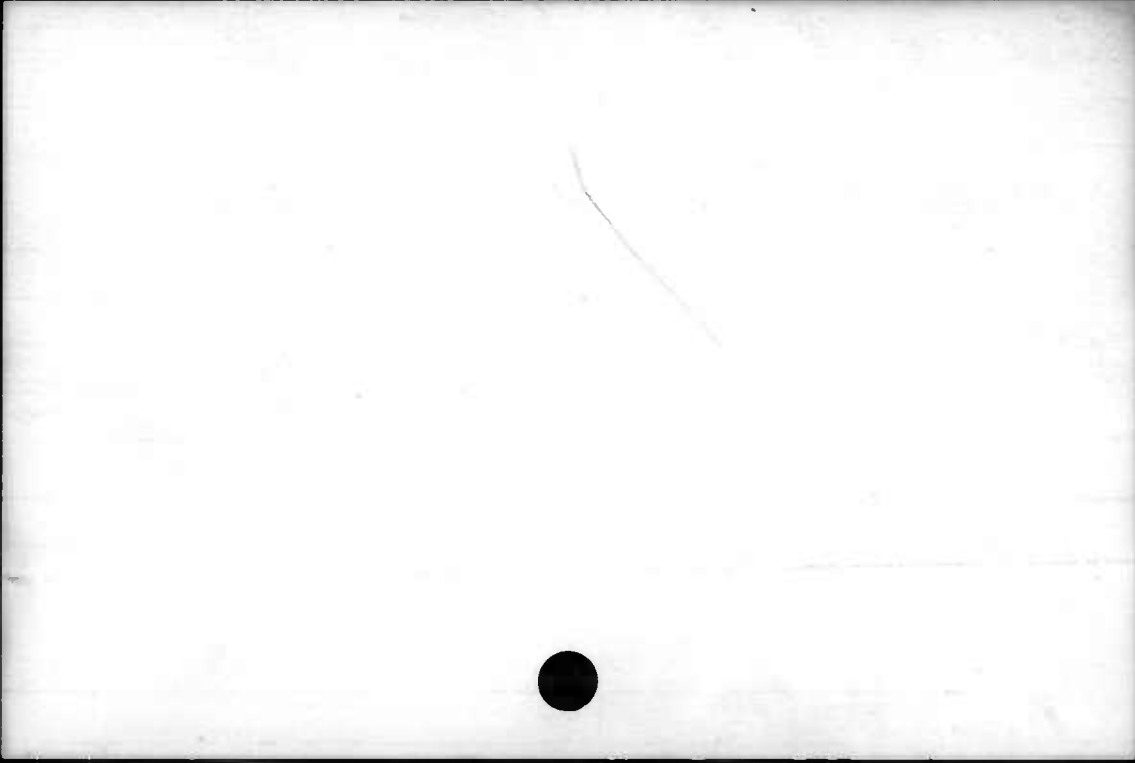
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Paradise</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>31</i>	<i>March</i> <small>Month</small>	<i>Tuesday</i> <small>Day</small>	<i>13</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i></i>		
Name of Wife or Husband <i></i>					
Father's Name <i>W B Wood</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>M L Talbott</i>			Mother's Birthplace <i>Balto</i>		
Name of person giving information <i>J B Talbott</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Adeno-Sarcoma</i>	How long <i>several yrs.</i>
Immediate <i>Paralysis of Heart</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Henry Chandler M.D.</i>
	Address <i>704 W. North ave</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Alfred Woollewaroff</i>			Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Mt Hope Retriak</i>			Month <i>3rd</i>		Day <i>13</i>		Years <i>28 yrs</i>	
Date of death 190 <i>3</i>			Months <i>—</i>		Days <i>—</i>		Age <i>28 yrs</i>	
Sex <i>Male</i>			Color or Race <i>White</i>		Birth-place <i>Brooklyn N.Y.</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>					
Name of Wife or Husband <i>—</i>								
Father's Name <i>—</i>			Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>					
Name of person giving information <i>Rel. of Mt Hope Retriak</i>			How related to deceased <i>—</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania (Adolescent)</i>		How long <i>abt 14 yrs</i>	
Immediate <i>Ex Rem. Tuberculosis</i>		How long <i>abt 1 year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flammery</i>	
		Address <i>Mt Hope Retriak</i>	
Accident or Suicide? <i>—</i>		<i>Mt Hope, Buld Co, Md</i>	



Name  
in  
Full

Still Birt. (No name)

## CERTIFICATE OF DEATH

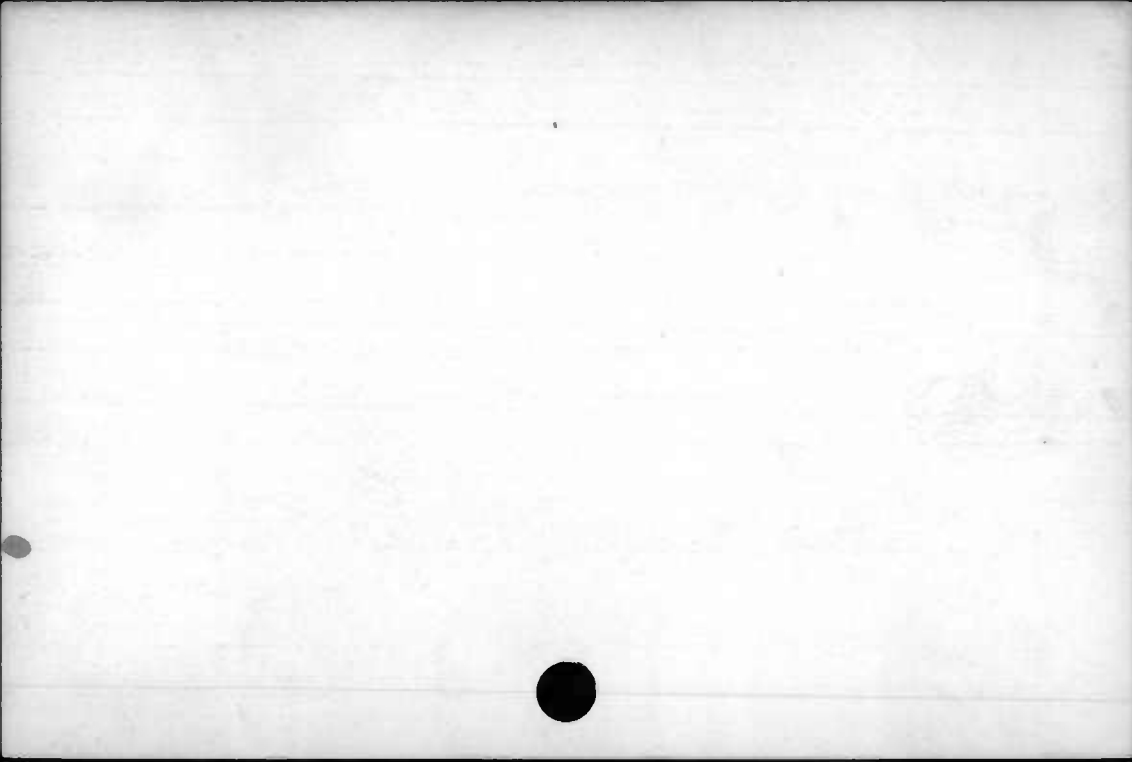
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Caulton</u> <sup>Town</sup>		<u>Balt.</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>3</u>	Day <u>6</u>	Age <u>still Birt</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Caulton</u>	
Married, Single <del>or Widowed</del>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Geo. Yeager</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Elizabeth Yeager</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Geo Yeager</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Do not know</u>		How long <u>Full time</u>
Immediate <u>—</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>David W. Jones M.D.</u>
		Address <u>3118 O'Donnell St</u>
Accident or Suicide? <u>—</u>		





Name In Full

Certificate of Death

*Henry Deusch*  
 Died at *Rossville* <sup>Town</sup> *Tbact* <sup>County</sup>

MARYLAND

Date 1903 *March* <sup>Month</sup> *5* <sup>Day</sup> | Age *70* <sup>Y.</sup> *years* <sup>M.</sup> <sup>D.</sup> | Native of *Germany* <sup>Occupation</sup> *Farmer*  
 Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *5*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Vernon Emory Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> <sup>Town</sup>		<i>Balls</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>3</i>	Day	<i>29</i>
Age		Years	<i>4</i>	Months	<i>4</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balls Co</i>
Married, Single or Widowed		<i>Single</i>			
Name of Wife or Husband		Occupation <i>—</i>			
Father's Name		<i>Emory Zimmerman</i>		Father's Birthplace	<i>Balls Co,</i>
Mother's Maiden Name		<i>Rosie Miller</i>		Mother's Birthplace	<i>Balls Co,</i>
Name of person giving information		<i>Emory Zimmerman</i>		How related to deceased	<i>father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bonefuls</i>	How long	<i>3 days</i>
Immediate	<i>Leishman</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Schiffield</i>	
<i>ye</i>		Address <i>1400 Forest St</i>	
Accident or Suicide?			

